

EXPLORING BEST PRACTICE IN ASIA WITH REGARDS HUMAN RIGHTS EDUCATION WITHIN MEDICAL CURRICULA

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Introduction

The rapidity with which progress is being made in the medical field is commendable. This includes discovery of diseases that were never heard of in the past to cures of ailments that our ancestors were victims of. Development is being made in all fields, except in the field of humanity. Can our morals cope with express speed of the advancements we make each day?

A contemporary democratic society functions as a result of an accord between members of diverse rational customs and is based on the principles of equality and social justice (1). Human rights and medical ethics are two pillars of such a society. The earliest record of human rights dates back to 1780BC and 330 BC in the code of Hammurabi and Aristotle's Nichomachean Ethics respectively! (1) Since then journey of Human rights has had considerable leaps beginning from Magna Carta in 1215, followed by many more significant milestones such as the American and French Declaration of Independence. The horrors of the Second World War culminated in a heightened sensitivity of human rights resulting in the UN Declaration of Human Rights, 1948. Right to Health was constituted in Article 25 of the declaration. Since then, health care professionals have appreciated the significance of human rights and have successfully implemented them.

The United Nations (UN) provided a detailed elaboration of state responsibilities to protect, promote and fulfill the right of individuals to the *"highest attainable standard*

of physical and mental health” contained in Article 12 of the International Covenant on Economic, Social and Cultural Rights (2). In its General Comment 14, the UN recognizes that health is a product of respect for many human rights, including “the rights to food, housing, work, education, human dignity, life, non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement,” among others (3).

In order to monitor compliance with human rights standards and norms, the United Nations has set up various committees some which include: Human Rights Committee, Committee Against Torture and Committee on Elimination of Discrimination. As stated by the office of UN High Commissioner for Human Rights (OHCHR), human rights are all interrelated, interdependent and indivisible. These rights are inherent to all human beings without any discrimination.

The universality of human rights claims, originate from the covenant of virtually all countries being bound by them, rather than from human nature.

Human rights and health are social issues and health care professionals can act as guardians to safe guard both, if they have adequate knowledge regarding the same. The scope of violation of human rights is not identical and unswerving and has a country to country variation. The magnitude and extent of human rights depend on the extent of economic development of the country. The success of implementation of human rights policies in healthcare is not unknown. Be it implementation of laws for humane treatment in factories for prevention of asbestosis by the Indian government or demand of vaccination and adequate treatment and preventive services in Argentina against communicable diseases. Haemorrhagic fever, millions have benefited from the services thus rendered (4).

It is during situations of violence that doctors sometimes are the only witnesses. Health care services are not only needed by those who visit the outpatient departments of primary or tertiary care hospitals but also by those who are oppressed and have little or no means to seek medical facilities. These include asylum seekers, prisoners, refugees, mentally and physically handicapped, victims of domestic violence, children being denied basic human rights -the list is endless. A well trained physician who has knowledge of human rights can ease the pain of several such sufferers. Moreover, there are infrequent situations when doctors themselves become victims while encountering distraught relatives of patients and at times, doctors also come across lack of safety issues when they act on behalf of human rights of their patients. All these dynamics make human rights awareness a topic of paramount importance amongst health care professionals. An ethical framework that enables

doctors, from family physicians to a medical policy maker, to address injustice in health care locally, nationally,¹ and globally is provided by a rights-based approach to medicine (5).

The former UN Special Rapporteur on the right to the highest attainable standard of health explained to the UN Human Rights Council: "Most health professionals whom the Special Rapporteur meets, have not even heard of the right to health. If they have heard of it, they usually have no idea what it means, either conceptually or operationally (6). This indirectly expresses the dire need of human rights education among health care professionals. Medical students are the future of the profession, if they are sensitized about human rights from the very beginning and taught about moral behaviour, practices of "Health for all" and other principles of non-discrimination, they can be the power of change we wish to see.

While incorporating human rights education and medical ethics, it might not be necessary for the medical curricula to be led by students but their views and insights are invaluable to ensure delivery of a curriculum that is of interest and relevance to them (7). The major task today is to improve medical students attitude towards respecting patients' rights (8).

Aims and Objectives

- 1 To evaluate the nature and extent of human rights education in the curricula of medical colleges in Asia.
- 2 To gauge the attitude and aptitude of medical students towards human rights education.
- 3 To assess the level of involvement of institutions, role of teachers and committees to promote human rights education among medical students.
- 4 To know, in the opinion of the students, the best practice regarding human rights education and perceived barriers in implementing the same.
- 5 To examine the level of awareness of students with regard to human rights status in their respective countries.

Methodology

To understand the current situation of human rights education, a continent-wide online survey was conducted and data was collected using snowball sampling.

The anonymized, questionnaire based study was then carried out in the year 2015. Keeping in mind the aims and objectives, the questionnaire (ANNEXURE 1) was prepared using Google Forms; the generated link was then circulated among medical students across various Asian countries like Afghanistan, Bahrain, Bangladesh, China, India, Indonesia, Iran, Iraq, Japan, Jordan, Kuwait, Malaysia, Nepal, Pakistan, Palestine, Philippines, South Korea, Sri Lanka, Taiwan, Thailand, UAE, Ukraine. For this study, the sample size was assigned as 150. Each subject was sensitized about the purpose of the study; only those willing to be a part of it were included with their consent.

The questionnaire included demographic information of the participants along with questions pertaining importance given to human rights education in their respective medical colleges, their opinion on human rights education and what they considered as the best practice regarding the same.

Inclusion criteria: All those undertaking medical course in private or government medical institutions all over Asia and willing to be a part of the study were included.

Exclusion criteria: Paramedical, nursing students and those who were unwilling to participate in the study were excluded.

Each completed questionnaire was scrutinized individually, and the responses, comments and suggestions were recorded. The data was compiled, tabulated and a comparison of the responses for each question was established. The comparisons that we made have been illustrated in the tables below. For the purpose of this paper, we have mainly analysed the data made by the students.

Results and Discussion

The questionnaire was circulated among approximately 22 countries in the Asian continent but medical students from 14 (63.64%) countries reverted back. The average age of enrolled subjects was 20.7 ± 2 years (Average age \pm Standard deviation). The replies included students from year 1 to year 6 of medical school.

Country-wise distribution

(Question 5) Is human rights education positioned within a certain context like medical ethics or global health at your medical school ?

Country	Yes	No
Bangladesh	00	01
India	40	47
Indonesia	19	06
Iraq	01	08
Japan	02	03
Malaysia	00	02
Nepal	02	00
Pakistan	02	02
Palestine	01	00
Philippines	05	01
South Korea	00	01
Taiwan	04	02
Thailand	03	01
UAE	01	00

Table 1A: (Question 5) Is human rights education positioned within a certain context like medical ethics or global health at your medical school?

	Yes	No
Asia (n=67)	27 (40.3%)	40 (59.7%)
India (n=87)	47 (54%)	40 (46%)

Of the 67 responses that we received from Asian medical school students (excluding India), 40.3% students agreed that human rights education was positioned within a certain context at their medical school while 59.7% students disagreed with it. Within India, 54% medical school students agreed while 46% students denied of having human rights education at their medical school.

Table 1B: (Question 5) Is human rights education positioned within a certain context like medical ethics or global health at your medical school

Yes													
	n=	Q5a Is the subject obligatory or optional?		Q5b. What is the approx. number of hours spent towards the subject? (hours/weeks)				Q5c. What is the level of involvement of students and teachers in your medical school towards human rights?				Q5d. Is there a follow up?	
		Obligatory	Optional	2-4	4-6	6-8	Other	Very good	Good	Average	Poor	Yes	No
Asia	40	36 (90%)	4 (10%)	24 (60%)	4 (10%)	1 (2.5%)	11 (27.5%)	4 (10%)	22 (55%)	11 (27.5%)	3 (7.5%)	16 (40%)	24 (60%)
India	40	33 (82.5%)	7 (17.5%)	26 (65%)	3 (7.5%)	1 (2.5%)	10 (25%)	3 (7.5%)	8 (20%)	20 (50%)	9 (22.5%)	10 (25%)	30 (75%)

For the medical students who agreed to the question that they were taught human rights at their medical school, we devised 4 sub questions as shown in the table above. Most of the medical students across Asia (90%) as well as specifically in India (82.5%) responded that human rights education is obligatory in their curriculum with an average of about 2-4 hours/week being spent towards the subject. Majority students stated that the level of involvement of teachers towards the subject was good but there was lack of follow up related to the subject.

Table 2: (Question 8) Do you consider human rights education important to help you practice professionally?

	Yes	No
Asia (n=67)	66 (98.5%)	1 (1.5%)
India (n=87)	84 (96.55%)	3 (3.45%)

98.5% of Asian medical students (excluding India) and 83.9% of Indian medical students expressed their opinion that human rights education is important to help them practice professionally.

Table 3: (Question 9) In your opinion, should human rights education be made obligatory?

	Yes	No	Other
Asia (n=67)	60 (89.55%)	4 (5.97%)	3 (4.48%)
India (n=87)	73 (83.90%)	9 (10.35%)	5 (5.75%)

89.55% of Asian medical students (excluding India) and 83.90% of Indian students favoured the opinion that human rights education should be made obligatory. The medical students who felt that it should be an optional part of the medical curriculum stated various reasons supporting their answers. Few reasons are quoted below.

Comment from An Indian Medical student:

"Human rights help to shape an individual and are crucial enough to be included in the medical curriculum in developmental years during high school, not during medical school."

One student opined:

"It should not be made obligatory. Humanity should come from within the heart. It cannot be enforced."

Another student expressed:

"Medical curriculum is too vast and human rights as a subject would overburden the medical students further ."

Table 4

Year of Medical Education	Is human rights education positioned within a certain context like medical ethics or global health at your medical school?		Do you consider human right education important to help you practice professionally?		In your opinion, should human rights education be made obligatory?	
	Yes	No	Yes	No	Yes	No
1 st year (n=28)	14 (50%)	14 (50%)	28 (100%)	00	27 (96.42%)	01 (3.58%)
2 nd year (n=40)	25 (62.5%)	15 (37.5%)	40 (100%)	00	37 (92.5%)	03 (7.5%)
3 rd year (n=55)	26 (47.27%)	29 (52.73%)	52 (94.55%)	03 (5.45%)	43 (78.18%)	12 (21.82%)
4 th year (n=12)	07 (58.33%)	05 (41.67%)	12 (100%)	00	09 (75%)	03 (25%)
5 th year (n=15)	06 (40%)	09 (60%)	14 (93.33%)	01 (6.67%)	14 (93.33%)	01 (6.67%)
6 th year (n=04)	02 (50%)	02 (50%)	04 (100%)	00	03 (75%)	01 (25%)

Maximum students considered human rights education important to help them practice professionally, irrespective of their year of medical education. Also, majority students had a mutual opinion that human rights should be made obligatory within the curricula.

An average 50% responded that human rights were not positioned within a certain context in their medical curricula. The reasons for this could be lack of awareness,

college wise variation within the curriculum, lack of interest, ignorance towards human rights and students being overburdened by other subjects.

Table 5: (Question10) What do you consider as the best format for teaching human rights?

	N	Percentage
Small group debates and discussions	59	38.31%
Compulsory subjects in the curriculum	07	4.54%
Bedside clinical approach	32	20.78%
Workshop with a problem solving approach	53	34.42%
Other	03	1.95%

Majority of the students (38.41%) indicated that debates and discussions in small groups are the best format for teaching human rights. 34.42% students felt that arranging workshops with a problem solving approach would be the desired option. 20.78% responded in favour of bedside clinical approach 4.54% were of the opinion that human rights should be included as a compulsory subject in the medical curriculum and 1.95% stated other views. Some of the other interpretations to ensure best format for teaching human rights included enlightening students with real cases related to the issue. One student suggested exploration and career interview for medical perspectives while another recommended that human rights should not be made a part of a medical school examination but must be taught on a day to day basis from a practical point of view.

Table 6: (Question 6) Is Human Rights education connected to research or publications?

	N	%
Yes	69	44.80%
No	85	55.19%

55.19% of medical students specified that human rights education was not connected to research or publications while 44.80% said that it was connected to research/publications.

Recommendations

After scrutiny of the students opinions, knowledge and awareness based on their responses we would like to make the following recommendations:

- 1 Ethics and sensitivity to human rights issues need to be addresses during the developmental years even before they are in medical school since it will decrease their burden of coping up with an ever expanding syllabus.
- 2 During medical school years, in the opinion of the students, periodic workshops, which would help students, develop a problem solving approach or bedside clinics which could increase their attitude related to human rights.
- 3 More research on human rights must be undertaken by various institutions with active participation of medical students.
- 4 The student teacher interaction can be improved from average or good to an excellent level. This is possible of we have qualified instructors with the required interest in teaching the subject.
- 5 Development of human rights courses, organizing conferences, events, camps at institutions where human rights awareness is limited.

Conclusion

Addressing hurdles to human rights education is extremely important. Some of these hurdles include lack of urge amongst students to learn human rights and inadequate formats of teaching, which revolve on a theoretical approach rather than on a practical outlook of teaching. Hence, traditional methods of teaching human rights require modifications. The teachers could be asked to maintain a record of everyday cases related to ethics, which they could later share with the students. Overtly competitive and stressed environment in medical institutions these days make human rights education training doubly a difficult task.

Human rights issues in medical practice can help introduce students to humanity as part of their profession and thereby reach far beyond just the delivery of health care. The responses from this research have helped us gauge the average level of human rights education and the level of human rights awareness that medical students over Asia have. Informing teachers and mentors about the suggestions provided by the medical students will help us introduce reforms which will ensure best practice with regards human rights within the medical curriculum. Similar surveys should be conducted at annual intervals and on a worldwide basis with an eye to ensure and monitor best practice of human rights worldwide.

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ANNEXURE 1

HUMAN RIGHTS EDUCATION QUESTIONNAIRE

* = Required

- 1 What is the name of your medical school?
 - 2 In which country is your medical school located?*
 - 3 What is your age?*
 - 4 How many years of medical education have you completed at your school till now?*
- 1 year
 - 2 years
 - 3 years
 - years
 - years
 - years
- 5 Is human rights education positioned within a certain context like medical ethics or global health at your medical school?*
- Yes
 - No
- 5a. Is the subject obligatory or an option of individual choice for the students?
- Obligatory
 - Optional

5b. What is the approximate number of hours spent towards the subject?*

- 2-4 hours/ week
- 4-6 hours/ week
- 6-8 hours/ week
- 8-10 hours/ week
- Other:

5c. What is the level of involvement of students and teachers in your medical school towards human rights?*

- Very good
- Good
- Average
- Poor

5d. Is there any follow up on a later stage related to the subject?

- Yes
- No

6 Is the human rights education connected to research/publications?*

- Yes
- No

7 Are there any results registered related to human rights in the country your medical school is located?*

- Yes
- No

8 To what extent do you consider human right education important to help you practice professionally?*

- Yes

- No

9 In your opinion, should human rights education be made obligatory?*

- Yes
- No
- Other:

If No, why?

10 What do you consider is the best format for teaching human rights?*

- Small group debates and discussions
- Compulsory subjects in the curriculum
- Bedside clinical approach
- Workshop with a problem solving approach
- Other: