

Degree	Type	Year
2502442 Medicine	OB	2

## Contact

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## Teaching groups languages

You can view this information at the [end](#) of this document.

## Prerequisites

In order to take this subject it is advisable for the student to keep in mind the principles of human rights and universal ethics, especially those on which the principles of medical ethics and medical deontology are based.

## Objectives and Contextualisation

The general goal of the course is to provide students with a humane and ethical perspective in their future professional activity. Towards this end, we will be reflecting on the challenges and problems derived from biomedical progress, including its impact on society and its value system

The subject is scheduled in the second year of the Degree in Medicine and will be one of the first contacts with the clinical, human and psychological aspects of the disease. That's why it is, too, especially focused on the most appropriate communication with the patient to facilitate shared decision-making.

Classroom practices offer a collective discussion on ethical conflicts in small groups, promoting respect and dialogue as basic tools, and cornerstones, for the person-centered-care and the resolution of any type of conflicts (including those of values).

## Competences

- Apply the principle of social justice to professional practice and demonstrate understanding of the ethical implications of health in a changing world context.
- Care for patients, families and the community in an effective and efficient manner, in accordance with professional ethics, with special emphasis on health promotion and disease prevention, as part of multidisciplinary teams.
- Communicate clearly and effectively, orally and in writing, with patients, family-members and accompanying persons, to facilitate decision-making, informed consent and compliance with instructions.
- Communicate clearly, orally and in writing, with other professionals and the media.
- Demonstrate understanding of the importance of ethical principles in dealings with patients, society and the profession, in particular with regard to professional confidentiality.
- Empathise and establish efficient interpersonal communication with patients, family-members, accompanying persons, doctors and other healthcare professionals.
- Engage in professional practice with respect for patients' autonomy, beliefs and culture, and for other healthcare professionals, showing an aptitude for teamwork.
- Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
- Reason and make decisions in conflict situations of an ethical, religious, cultural, legal or professional nature, including those that stem from economic constraints, the marketing of health cures or scientific advances.
- Recognise ethical, legal and technical factors in patients' documentation, plagiarism, confidentiality and propriety.
- Recognise the basic elements of the medical profession as the result of an evolving, scientific, social and cultural process, including ethical principles, legal responsibilities and patient-oriented professional practice.
- Recognise the professional values of excellence, altruism, sense of duty, compassion, empathy, honesty, integrity and commitment to scientific methods.
- Recognise the role of complexity, uncertainty and probability in decision-making in medical practice.

## Learning Outcomes

1. Accept the ethics of the second opinion.
2. Acknowledge that the right to health protection exists in all developed countries, notwithstanding any difficulties in obtaining the corresponding resources.
3. Acknowledge the importance of medical confidentiality and identify exceptional cases in which it should be waived to the benefit of society or patients themselves.
4. Appreciate the growing importance of patient autonomy as described in all modern codes of conduct.
5. Avoid giving misleading information for charitable reasons, which does not mean that information should be given brusquely and without empathy.
6. Become aware of the duty to relieve pain and suffering caused by disease and to care for those who cannot be cured.
7. Commit to the use of scientific methods in professional activity, which, in the case of healthcare is often called evidence-based medicine.
8. Communicate clearly, orally and in writing, with other professionals and the media.
9. Coordinate with the doctor responsible for basic treatment.
10. Define informed consent as a gradual process within the doctorpatient relationship, under which competent patients receive sufficient, comprehensible information from doctors, which enables them to participate voluntarily, consciously and actively in decision making with respect to the illness.
11. Define the basic principles of medical records and the information they contain, as the absence of principles is the source of many conflicts and discrepancies that occur in the legal treatment of medical records, and therefore a common source of insecurity in the healthcare sector.
12. Describe how health is not merely the absence of disease but also all physical, psychological and social conditions that allow maximum plenitude and autonomy of the person.
13. Describe justice as one of the basic principles of bioethics.

14. Describe the concept of ethics of maximums based on the notion that every human being aspires to perfection and happiness, and therefore to the maximum, in accordance with their religious, moral, cultural, political and economic and other values.
15. Describe the concept of ethics of minimums based on the protection of physical, mental and spiritual integrity of individuals (principle of non-maleficence) and protection of interpersonal and social integrity, avoiding discrimination, marginalisation or segregation of some individuals by others at the level of basic coexistence (principle of justice).
16. Describe the healthcare services that should be equally available to all citizens.
17. Develop teamwork skills.
18. Differentiate between error and negligence.
19. Distinguish between the different senses of the concept of justice (commutative, distributive, legal, social), bearing in mind that bioethics use one of these almost exclusively: that of social justice.
20. Distinguish between the paternalistic conception of the doctor-patient relationship, deriving from the Hippocratic tradition, and the modern, more egalitarian approach which gives all protagonism to the patient.
21. Ensure proper, justified use of patient records that are required for use in legal proceedings.
22. Explain that consent is generally given verbally, but that it occasionally needs to be in writing.
23. Give information in an understandable and prudent, also including preventive measures to prevent infection and spread of the disease.
24. Give this information to family-members or carers of dependent patients.
25. Identify the major social and professional repercussions that a breach of professional confidentiality could have on a patient.
26. Inform patients when using non-conventional or symptomatic treatments for their condition and of the importance of not abandoning any necessary treatment, warning them in a clear and understandable manner that the treatment is not conventional or a substitute.
27. Interiorise the commitment to defend patients' autonomy: respect the right of those who are able to make the decisions that affect their lives in accordance with their values, desires and preferences, free of coercion, manipulation or interference.
28. Interpret medical confidentiality as a contract between society and the doctor rather than a personal contract (doctor-patient).
29. Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
30. Maintain data confidentiality.
31. Protect patients' right to health.
32. Recognise that doctors' first loyalty must be to their patients and that the latter's health must be prioritised over any other advantage.
33. Recognize one's own limitations and welcome help from colleagues in taking decisions on patient care.
34. Recognize the humanitarian aspect of activity in the service of health based on the doctor-patient relationship, both in care and in teaching and research.
35. Report all professional activities with scrupulous accuracy in individual patient records, both to serve as a reminder of the actions taken and to facilitate follow-up work by colleagues.
36. Respect patients' religious, ideological and cultural convictions, unless these conflict with the Universal Declaration of Human Rights, and prevent one's own convictions from impinging on patients' decision-making capacity.
37. Show caution regarding the disclosure of confidential information and never do this without the patient's explicit consent.
38. Understand and bear in mind the consequences of breaching trust and taking advantage of the vulnerability of a sick person.
39. Understand that information, however negative it may be, should contain an element of encouragement, which is achieved when doctors effectively show that at no time will they abandon the patient.
40. Understand that medicine is not an exact science and that, accordingly, doctors can commit errors.
41. Understand that the patient record is the shared intellectual property of the patient, the doctor and the institution in which it was made.

## Content

## Theoretical classes program

1. Bioethics: Antecedents and general principles.
2. Human rights and patient's rights.
3. Ethics, Deontology and Law. Medical deontology, Code of Deontology, Deontology Commissions.
4. Doctor-patient relationship: Communication with patients and relatives.
5. Patient shared responsibility in medical decisions: Informed consent. Advanced directives. Advanced decision planning.
6. Patient's competence evaluation.
7. Ethics committees at hospitals.
8. Quality of life and health.
9. Medical error and negligence: patient safety
10. Confidentiality in medical practice: Data protection.
11. Humanization of Medicine.
12. How doctors should relate to each other: teamwork
13. Ethical considerations at the beginning of life.
14. Attitude towards the end of life.
15. Ethical aspects of organ donation and transplantation.
16. Conscientious objection
17. Not sufficiently validated medical practices: Alternative and complementary medicine.
18. Ethics of medical research.
19. Medicine and new technologies.
20. Economy and health

## PRACTICES OF BIOETHICS AND COMMUNICATION

During the practicals, the students will prepare and present an argumentative debate with 3 topics (one for each practical):

- PAUL1. Beginning of life: surrogacy.
- PAUL2. The end of life: medically assisted death.
- PAUL 3. Legal termination of pregnancy in minors.

The Classroom Practices of the Bioethics and Communication subject are mandatory, and attendance will be recorded.

## Activities and Methodology

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Title	Hours	ECTS	Learning Outcomes
Type: Directed			
CLASSROOM PRACTICES (PAUL)	6	0.24	6, 8, 10, 12, 18, 22, 23, 24, 29, 40
Type: Supervised			
THEORY (TE)	20	0.8	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 40, 41
TUTORIALS	6.75	0.27	
Type: Autonomous			
WORK PREPARATION / PERSONAL STUDY	38	1.52	1, 2, 3, 4, 5, 7, 9, 11, 13, 14, 15, 16, 17, 19, 20, 21, 22, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 41

The development of the subject is based on theoretical classes, classroom practices and a written work. Both the theoretical classes and classroom practices will be face-to-face.

The lectures will be available virtually, on the Moodle platform, after the corresponding class schedule.

Annotation: Within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

## Assessment

### Continuous Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Attendance and active participation at classroom and seminars	20%	1.75	0.07	2, 6, 8, 12, 18, 22, 23, 24, 29, 32, 36, 40
Delivery of reports/works	30%	1	0.04	2, 8, 12, 13, 14, 15, 16, 19, 29, 36, 40
Written assessments through objective test: selection items: multiple selection items	50%	1.5	0.06	1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 19, 20, 21, 22, 25, 26, 27, 28, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41

In order to reach a final grade of the subject, it is essential to have scored in the three activities (theoretical exam, classroom practices, and written essay).

Theoretical evaluation (50% of the final grade):

The theoretical exam is a multiple choice test, with 5 possible answers for each question and only one true answer.

For each wrong answer 1/4 of a point will be subtracted.

Classroom practices (20% of the final grade):.

Students must attend the two planned practices, one as a listener and the other as part of the group that will present it. The distribution of the groups that present the practice and of the groups that attend as listeners will be done once the subject begins by using the medical *practices management program* (PSG).

The content and presentation of the classroom practices will be evaluated:

1. The adequacy of the content to the issue presented
2. The synthesis work
  - Presents the main points
3. The mastery of the subject
  - Use correct vocabulary
  - Shows fluency explaining the concepts
  - Responds appropriately to the questions that arise
  - Illustrates the theme with examples
4. Communication skills
  - Speaks clearly and with confidence
  - Appropriate use of audiovisual resources
  - Non-verbal language (watches the audience, volume of the voice, tone, etc.)
5. Adaptation to the assigned timing

Classroom practices are mandatory. Students must have been part of a presentation group in order to score. The student who has not participated in one of the groups that present the practice will not score and cannot be evaluated for the subject. On the other hand, the non-attendance to the practice as a listener will suppose the loss of 2 points of the score of practices.

Written essay (30% of the final grade)

Students must present a written essay commenting on a media news piece related to bioethics. The student will reflect on the facts described in the chosen media news, applying the knowledge acquired in the course of the subject. The written work, with a maximum of 5 pages long, must be submitted in pdf format. The deadline to submit the work will be communicated in the first class "Presentation of the subject". The work can be done individually or in a group (with a maximum of 5 students).

The content of the written work will be evaluated:

1. Relevance / originality of the chosen theme
2. Clarity of the writing and argumentation
3. Quality of the ethical approach

Students who do not score in the three activities will be considered as not evaluated, exhausting the rights to the enrollment of the subject.

Exam review system

The review of the exams will be done individually. Interested students should send a prior written request to the contact professor within the established deadlines.

Students who have not passed the subject through ordinary means, may submit to a final exam or recovery test. This exam will be written, with short questions related to the syllabus of the subject.

## **Bibliography**

Beauchamp TL, Childress JF. Principles of Biomedical Ethics. 7<sup>a</sup> ed. New York: Orxford University Press; 2013.

Montero F., Morlans M. Para deliberar en los comités de ética. Fundació Doctor Robert UAB. 2009.

Gracia D. Bioética mínima (Humanidades médicas). Triacastela, 2019

Montori V. Why we revolt: A patient revolution for careful and kind care. Patientrevolution.org 2019

Webs of interest

Comitè de Bioètica de Catalunya

<http://canalsalut.gencat.cat/ca/sistema-de-salut/comite-de-bioetica-de-catalunya/recursos/documents/>

Comité de Bioética de España

<http://www.comitedebioetica.es/documentacion/index.php>

Comité Consultatif National d'Ethique

[https://www.ccne-ethique.fr/fr/type\\_publication/avis](https://www.ccne-ethique.fr/fr/type_publication/avis)

Institut Borja de Bioètica. Universitat Ramón Llull

<http://www.ibbioetica.org/cat/modules/tinycontent/index.php?id=21>

Observatori de Bioètica i Dret UB

<http://www.bioeticayderecho.ub.edu/es/publicaciones>

Fundació Víctor Grifols i Lucas

<https://www.fundaciogrifols.org/es/web/fundacio/publicacions-portal>

Stanford Encyclopedia of Philosophy

<https://plato.stanford.edu/search/searcher.py?query=bioethics>

The Hastings Center

<https://www.thehastingscenter.org/publications-resources/>

## **Software**

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## **Language list**

Name	Group	Language	Semester	Turn
(PAUL) Classroom practices	101	Catalan/Spanish	first semester	afternoon
(PAUL) Classroom practices	102	Catalan/Spanish	first semester	afternoon
(PAUL) Classroom practices	103	Catalan/Spanish	first semester	afternoon
(PAUL) Classroom practices	104	Catalan/Spanish	first semester	afternoon
(PAUL) Classroom practices	105	Catalan/Spanish	first semester	afternoon
(PAUL) Classroom practices	106	Catalan/Spanish	first semester	afternoon
(PAUL) Classroom practices	107	Catalan/Spanish	first semester	afternoon
(PAUL) Classroom practices	108	Catalan/Spanish	first semester	afternoon
(PAUL) Classroom practices	109	Catalan/Spanish	first semester	afternoon
(TE) Theory	101	Catalan/Spanish	first semester	morning-mixed
(TE) Theory	102	Catalan/Spanish	first semester	morning-mixed
(TE) Theory	103	Catalan/Spanish	first semester	morning-mixed