The evolution of ethics education

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Ethics education has spread across the world during the past few decades. This issue reports about experiences from countries as diverse as Malta, Mauritius, China, Iran, and Japan. The targets of ethics education can be equally diverse: school pupils between 5 and 16 years of age, research ethics consultants, engineering students, and medical students. These reports show two dimensions of the evolution of ethics education. One is place; teaching ethics is no longer the prerogative of some geographical areas or some scientific disciplines but it is recognized as important in a growing number of countries and professions. The other dimension is time. It seems that there is certain life-cycle in which ethics education progresses from often difficult and precarious beginnings into a mature and established stage as integrated part of a curriculum. This two-dimensional evolution is clarified in the analysis of bioethics education in two medical schools in Malaysia and Hong Kong (Ngan and Sim 2021). The authors show how ethics education was only recently introduced into the medical curriculum, and initially not appreciated by the students, and not highly regarded by some faculty members. In order to be effective, a third dimension of ethics education must be explored: depth. As long as ethics teaching is an ‘add-on’ to the curriculum, and not integrated and connected with other, especially clinical teaching activities, students will not consider ethics to belong to the core of the medical profession. Integration also means longitudinal learning, not a one-time course or lecture series. It furthermore means relevancy. While most of the teaching materials and case studies are from Western cultures, discussion topics, examples and cases should no longer be imported from other countries but taken from the local, regional or national setting. Such cases will increase participation of students and enhance the relevancy of ethics.

The third dimension of ethics education requires that there is a sufficient and qualified body of teachers. Institutions should provide adequate training opportunities to local faculty. This issue of the journal has several contributions on models and methods to improve ethics education. Answering the question how teaching can be made more effective, depends on tools and mechanisms to evaluate programs, and these are addressed and examined in some publications in this issue.

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Finally, the last contribution examines a current challenge that confronts all of us when we are working in an educational environment. Education needs human contact, interaction, communication, and engagement. Nowadays, these needs are confronted with the requirement to distance and separate oneself from other people, in order to break the chain of viral transmissions. Institutions of higher education should do their utmost best to continue to provide in-person education while at the same time rigorously implementing public health requirements. The dilemmas in implementing interventions such as masking, hand hygiene, physical barriers, testing, and quarantining on campuses are discussed in this issue (Pilkington et al., 2021). The authors offer some ethical guidelines, for example relying on scientific expertise that is available. It is the mission of institutions of higher education to develop and disseminate such expertise, and it would be ironic if they would be more motivated by other considerations in this public health emergency. Since long, most institutions have declared that they are primarily interested in promoting the interests of their communities, – students, staff, and faculty. They now have an opportunity to show what ethical choices they make.

References

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