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DOI: <https://doi.org/10.24894/BF.2021.14006>

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ZORA URL: <https://doi.org/10.5167/uzh-215487>

Journal Article

Published Version

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Originally published at:

Katsarov, Johannes; Bachmann, Roxane; Christen, Markus (2021). Room for Improvement in Healthcare Education in Switzerland: Training and Testing Moral Sensitivity. *Bioethica Forum*, 14(1):66-71.

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Room for Improvement in Healthcare Education in Switzerland: Training and Testing Moral Sensitivity

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Abstract

Moral sensitivity, the ability to notice ethical problems, is a key competence for health professionals. Failures to notice ethical problems can cause false treatments or the exposure of patients to severe health risks without their informed consent. In this viewpoint we argue that the training and testing of moral sensitivity among health professionals in Switzerland is currently deficient. We outline potential reasons for this problem, discuss legal reservations, and argue that moral sensitivity should primarily be tested in a formative manner.

In its recent recommendations on ethics training for health professionals, the Swiss Academy of Medical Sciences (SAMS) suggests that learning objectives for ethics education should be subject to performance assessments [1]. One of these learning objectives is moral sensitivity,¹ which includes the (1) “identification and description of value conflicts and ethical challenges” and the (2) “recognition of legal and ethical discrepancies” (own translation). In the practice of physicians, for example, moral sensitivity is required in view of patients’ autonomy to make informed decisions about their own health: Physicians who are insensitive to their patients’ autonomy may systematically overlook instances where patients ought to be consulted, which can lead to irreparable consequences. Similar cases can be made for all four principles of biomedical ethics: If healthcare professionals fail to notice when the welfare of patients and the fairness of medical treatments are at stake, a great deal of damage may be done. In this viewpoint, we argue that the training and testing of moral sensitivity among health professionals in Switzerland is currently deficient. We outline potential reasons for this problem, discuss legal reservations related to the testing of moral

1 We use the term “moral” when referring to people’s feelings, cognitions, and behaviours that pertain to what is good and right in social relations. We use the term “ethical” when referring to intersubjectively reasonable norms for social relations, e.g., in speaking of ethical standards or problems.

sensitivity, and argue that moral sensitivity should primarily be tested in a formative manner.

Shortcomings in training and testing

Following the current body of research on moral sensitivity (for a review, see [2]), moral sensitivity bears three components: (1) an empathic concern for the people who are affected by our actions, (2) an awareness of our human susceptibility to motivational biases in moral perception, and (3) the availability of moral schemas that allow us to interpret situations in terms of ethical concepts [3]. However, training moral sensitivity proves difficult, as a review of 45 studies demonstrates [4]. A qualitative comparison of the most and least successful courses shows that those courses were particularly successful that provided learners with targeted feedback on their awareness of concrete ethical dimensions of their actions. The most impactful course, for example, engaged teaching students in discussions with simulated parents, which were recorded and analysed individually and in groups, whereby students received substantial feedback on the way they behaved and how their behaviour reflected ethical standards [5]. Other powerful techniques included digital games and role-play scenarios, where learners had to imagine how they would deal with complex situations and receive feedback in the form of possible consequences [4]. Seminars, general introductions to ethics, courses on inspirational role models, but also approaches like problem-based learning – i.e., approaches that dominate the current teaching of ethics in medicine – achieved no or only small effects [4].

The situation regarding the testing of moral sensitivity is similarly disappointing: while diagnostic and communicative competences are now tested in a largely uniform manner, and high, differentiated standards are demanded, an analogous testing of moral competences like moral sensitivity hardly takes place [6]. This is confirmed by our own research as well as our informal exchange with others who teach ethics in the healthcare sector – e.g., within the working group on Ethics Learning of the German Academy for Ethics in Medicine.² Given the difficulty of teaching moral sensitivity, we cannot be sure that healthcare practitioners actually have the moral sensitivity that is required of them if the competence is not systematically tested.

In view of the SAMS recommendations, the current lack of testing is disappointing. After all, examination requirements tend to “predict” both the learning behaviour of students and the teaching behaviour of lecturers [7]. Moreover, if

² See <https://www.aem-online.de/index.php?id=36> (in German). The working group “ethik learning” provides a forum where ethics teachers for diverse medical professions can share their experience and work on establishing common benchmarks. People interested in participating may contact Tobias Eichinger at eichinger@ibme.uzh.ch.

the success of teaching is not evaluated in an appropriate way, the quality of teaching cannot be assessed, disabling the potential for quality development.

Is the testing of moral sensitivity legitimate?

One reason for the lack of moral-sensitivity testing may be that medical ethics lecturers are not familiar with the repertoire of methods that allow for competence-based testing. Another reason could be the lack of resources (human, technical, and financial) to implement elaborate procedures such as Objective Structured Clinical Examinations (OSCEs) [8] on moral competences, as the University of Lausanne has begun to use. However, we also suspect another possible cause, namely an uncertainty of teachers regarding the ethical/legal legitimacy of moral-sensitivity testing.

It should be indisputable that universities have the mandate to examine the competences of graduates. According to the Swiss *Medizinalberufegesetz* (Med-BG),³ moral competences are also part of the spectrum of what *must* be examined. Thus, it has been legally established that there are private and public interests worthy of protection that allow for the exclusion of persons from medical practice who do not meet these standards [9].

It is possible, however, that many teachers find it difficult to test moral competences because they seem to be closely related to personal rights that are particularly worthy of protection, namely freedom of opinion and freedom of worldview. One standard of ethics teaching is the prohibition of indoctrination, according to which lecturers should hold back their personal opinions and instead concentrate on enabling the development of students' moral competences through a balanced discourse [10].

Labour rights and personal rights aspects

From a legal standpoint, psychological tests and assessments may represent an infringement on personality rights (e.g., privacy) if they are too intrusive. In Switzerland, a legal definition of the term "personality" has been deliberately avoided [11]. However, it is undisputed that the term does not only encompass the physical personality, but also cognitive and emotional facets of personality, including knowledge, skills (competences) and attitudes.

When it comes to voluntary competence assessments, e.g., when the purpose is only to provide *formative* feedback on people's competence, testing is unproblematic. As long as learners can be motivated to develop or assess their competence and participate in appropriate activities, measurements of moral

3 Available at: <https://www.fedlex.admin.ch/eli/cc/2007/537/de>

competences are unobjectionable. Only the protection of personal data from misuse and other harm must be ensured, and the tests must fulfil high validity standards (e.g., in that they reliably measure whether people actually notice ethical problems).

In the case of *mandatory* courses and *summative* assessments of competences (e.g., to pass an examination, or for personnel selection) however, there must be an overriding private or public interest to justify the collection of personal information. Thus, if a person does not receive a qualification or is terminated because of certain character traits or a lack of skills, employers must prove that the relevant trait is relevant for the employment position.

Protection against discrimination

Beyond the protection of personality, there is also a general prohibition of discrimination based on characteristics such as age, gender, religion, or sexual orientation. Here the question arises whether the evaluation and selection of persons based on their moral competences could lead to discrimination. For example, some people believe that morality is essentially a question of worldview, and a selection based on moral competences would therefore be fundamentally discriminatory and thus illegitimate.⁴

However, those who argue in this way overlook the fact that there are many undisputed ethical requirements for medical practice where the rights of patients outweigh the personal rights of professionals, e.g., with regard to making informed decisions, assessing patients' competence for decision-making, or the right of patients to refuse medical treatment. In view of clear ethical and legal requirements for medical professionals, there is no question that the ability to recognise and solve corresponding ethical problems can be demanded.⁵

Formative instead of summative testing

In summary, the legislators demand the moral competences we have discussed, even if some of the requirements are formulated rather vaguely. A test of moral sensitivity with the aim of excluding unsuitable medical professionals from professional practice would thus be legitimate in principle. Its widespread use would

⁴ Ethical relativists and meta-ethical emotivists or non-cognitivists may argue this way. However, more commonly, religious fundamentalists and political radicals may suggest that they simply have "their own" ethical standards and do not feel bound to norms that reflect other worldviews.

⁵ Due to the importance of ethical questions in medicine, many ethical norms have been translated into legal regulations. Medical professionals ought to be aware of the ethical reasoning behind legal norms though (i.e., follow them for the right kind of reasons), and mind ethical standards even in situations where there is no clear regulation.

also promote the advancement of ethics education and the moral sensitivity of healthcare professionals.

However, it is not only the current lack of suitable testing procedures that speaks against a summative examination of moral sensitivity, but also the already objected thin knowledge base on the effective training of moral sensitivity. Accordingly, medical ethics education should focus on creating suitable teaching formats for moral competences. The testing of moral sensitivity, in turn, should not be done with the intention of selecting medical professionals in the course of their training, but with the aim of continuously improving moral sensitivity in the course of their professional career. Only when positive learning outcomes can be assured through adequate training methods should the possibility be considered to embed summative assessments of moral sensitivity in the final examinations of medical professionals, e.g., as part of OSCEs.

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