Editorial

Revisiting Medical Ethics Teaching in Undergraduate Medical Education in Bangladesh: A Curriculum Requirement or a Professional Necessity?

*Nurunnabi M

Medical ethics is a core pillar of medical professionalism and clinical competence, providing physicians with frameworks to navigate patient autonomy, beneficence, non-maleficence, justice, confidentiality, and accountability. Undergraduate education must cultivate ethical values alongside scientific knowledge and clinical skills. With advances in biomedical technology, healthcare commercialization, and rising medico-legal scrutiny, ethical dilemmas are increasingly complex. Global authorities stress that ethical competence is essential for safe, patient-centred care, making medical ethics a fundamental, not peripheral, component of medical training.

The World Federation for Medical Education (WFME), supported by the World Health Organization (WHO), recognizes professionalism and ethics as core competencies in global medical education standards, requiring graduates to demonstrate ethical reasoning, respect for patient rights, and socially accountable behaviour.[1,2] Despite this, in many South Asian and other low- and middle-income countries (LMICs), ethics education remains inconsistently implemented. Teaching is often limited to isolated lectures with minimal assessment and weak clinical integration, reducing ethics to a curriculum formality rather than a transformative learning process. Such superficial implementation undermines the intent of WFME–WHO standards and risks producing graduates ill-prepared for ethical challenges in real-world practice.[3]

In South Asia, medical ethics education is hindered by large class sizes, exam-focused curricula, limited trained faculty, and hierarchical clinical cultures. In Bangladesh, the DGME-approved MBBS curriculum includes professionalism and ethics within subjects such as community medicine, forensic medicine, and clinical disciplines.[4] However, ethics is not structured as a longitudinal, competency-based discipline. It shows that while students possess basic knowledge of ethical principles, gaps persist in applied reasoning, communication, and professional behavior during clinical training. Ethics teaching is also largely confined to preclinical years, with minimal reinforcement during internship, when ethical dilemmas are most frequent. In contrast, high-income countries integrate ethics as a continuous, assessable component of undergraduate training. In the United Kingdom, the General Medical Council (GMC) mandates ethics and professionalism as core outcomes, assessed through workplace evaluations and reflective portfolios. The United States integrates ethics into problem-based learning, standardized patient encounters, and clinical ethics consultations, while Singapore emphasizes early patient exposure and mentorship, and Iran has nationally coordinated curricula with trained faculty and formal assessments. These examples demonstrate that ethics education is most effective when longitudinal, clinically integrated, and systematically assessed.[5]

Evidence shows that structured medical ethics education enhances professionalism, doctor–patient communication, and ethical decision-making through methods such as case-based discussions, reflective writing, and ethics rounds strengthen moral reasoning. However, the "hidden curriculum" can undermine learning when unethical practices are observed. In LMICs, where resource constraints and systemic challenges are common, robust ethics training is essential. It should address real-world issues, including informed consent, equity, end-of-life care, and professional integrity.[6]

Bridging the gap between WFME-WHO standards and clinical reality in Bangladesh requires re-conceptualizing ethics as a professional competency rather than a theoretical subject.[1,4] Ethics education should be vertically integrated throughout undergraduate training, reinforced during clinical rotations, and contextualized to local socio-cultural realities.[2]

Faculty development in medical ethics and professionalism is essential to ensure effective teaching and positive role modeling. Assessment should extend beyond written exams to include objective structured clinical examinations (OSCEs), reflective portfolios, and multisource feedback, evaluating ethical competence alongside clinical skills.

Medical ethics should be embedded as a longitudinal, competency-based component in the DGME-approved undergraduate curriculum, aligned with WFME standards. Nationwide faculty development in ethics and professionalism is essential. Ethics must be integrated into clinical training through case-based discussions, simulations, and bedside teaching. Ethical competence should be formally assessed with due weight in professional examinations. Additionally, institutional ethics committees and student-led forums can promote sustained ethical reflection and accountability.

Revisiting medical ethics in undergraduate education reveals a gap between formal curriculum inclusion and true professional formation. Although WFME-WHO standards identify ethics as a core competency, implementation in South Asia, including Bangladesh, remains fragmented and poorly contextualized. Evidence indicates that ethically competent physicians are best developed through longitudinal, experiential, and clinically integrated training. Strengthening ethics education in Bangladesh is therefore vital, not only to meet global standards, but also to address local healthcare challenges and restore public trust. Medical ethics must be regarded as a foundational professional necessity, not merely a curricular requirement.

References

1. Global standards for quality improvement in medical education: basic medical education. Ferney-Voltaire: WFME Office. WFME: 2020. Available from: https://wfme.org/wp-content/uploads/2022/03/WFME-BME-Standards-2020.pdf (Cited on September 14, 2025)
2. Transforming and scaling up health professionals' education and training: World Health Organization guidelines 2013. Geneva: WHO: 2013. Available from: https://iris.who.int/server/api/core/bitstreams/64d1ae96-1780-4cf8-a4cb-67fcbc2dbcfd/content (Cited on September 14, 2025)
3. General Medical Council (GMC). Outcomes for graduates. London: General Medical Council; 2018. Available from: https://www.gmc-uk.org/cdn/documents/outcomes-for-graduates-a4_pdf-77470228.pdf (Cited on September 14, 2025)
4. Curriculum for MBBS course in Bangladesh. Dhaka: Directorate General of Medical Education. (DGME), Ministry of Health and Family Welfare: 2023. Available from: http://dgme.portal.gov.bd/pages/static-pages/6922e04a933eb65569e265a8 (Cited on September 14, 2025)
5. Siegler M. The Importance of Formal Education and Training in Clinical Medical Ethics for the 21st Century. Difficult Decisions in Surgical Ethics: An Evidence-Based Approach. 2022;30:9-26.
6. Thirumoorthy T. The ethics of medical education-the ethical and professional issues in teaching and learning medicine. Annals of the Academy of Medicine of Singapore. 2017;46(9):331-332.
7. de la Garza S, Phuoc V, Throneberry S, Blumenthal-Barby J, McCullough L, Coverdale J. Teaching medical ethics in graduate & undergraduate medical education: a systematic review of effectiveness. Academic Psychiatry. 2017;41(4):520-525.

**Dr. Mohammad Nurunnabi, MBBS, MPH, Assistant Professor, Department of Community Medicine and Public Health, Sylhet Women's Medical College, Sylhet 3100, Bangladesh. nur.somch@gmail.com, ORCiD: https://orcid.org/0000-0001-9472-9369*

DOI: https://www.doi.org/10.69699/ssnimcj.2026.11.1.i