

BIOETHICS IN MEDICAL EDUCATION IN ANGOLA

Edson Joaquim Mayer Alfredo¹, Natan Monsores de Sá²

¹*Queen Mbandi University, Malanje, Angola*

²*University of Brasília, Brazil*

Keywords

Research ethics; Bioethics; Ethical positioning; Medical Degree; Angola; Core Curriculum.

Abstract

Angola, Bioethics, as a subject, is not included in the curricula of medical education, that is, it is not taught as a horizontal discipline or as a transversal topic in the career, and its contents lack systematization (Alfredo, Catumbela and Sá, 2019). In this sense, there is a gap that needs to be filled in order to foster a culture of valuing human rights that allows the coexistence of biomedical, techno-scientific knowledge and the local traditional cultures (Adebamowo, 2007; Andoh, 2011; Ndebele et al.,2012).

The bioethical issues that arise in the context of Angolan medical education are mainly due to its sanitary and epidemiological problems, with specific cultural characteristics, resulting from the colonial history and the introduction of European or American values, which need to be the target of critical reflection (Adebamowo, 2007; Andoh, 2011; Ndebele et al.,2012) (Alfredo, Catumbela and Sá, 2019) (Langlois,2008) (Langlois,2008).

Objective: to carry out a situational diagnosis about the insertion of Bioethics teaching in medical schools in Angola, from March 2016 to April 2019.

Method: Descriptive study, with a mixed approach, which evaluated the profile and level of understanding (in some topics of bioethics) of 4th year medical students from the five universities and compared the Angolan curricula with those of Portugal, Brazil and Cuba.

Results: 100 students were included in the study. Of these, three were excluded, with a response rate of 97%. The mean age was 24.74 (± 6.73), 59 were women (61%), 89 were single (92%), 47 were Catholic (48%) and 18 were of the Ovimbundu tribe (19%). The students' answers about the concepts of Bioethics and ethics were incomplete and wrong among the different schools. The majority were against abortion 57 (72%) and 14 (78%), both in the Cuban and Portuguese schools. Ten Jehovah Witness students (13%) would not accept blood transfusion. Less than a third of the students would be in favor of euthanasia. Forty students (51%) in the Cuban school tended to have a more paternalistic attitude. Breach of confidentiality is an unknown issue to 56 (71%) and 11 (61%) students from Cuban and Portuguese schools, respectively. Sixty-three students (80%) from Cuban schools and 12

(67%) from Portuguese ones would opt for vaccination, based on the utilitarian theory. Forty-six students (58%) of the Cuban schools correctly answered the concept of human vulnerability. Final Considerations: We infer that religiously based morality (Catholic Church) may have influenced the ethical positioning of students. But further studies are needed with larger sample sizes, with the probable inclusion of students from other year levels, and the consultation of professors to precisely determine how Bioethics is inserted in the medical education of Angola. Due to the lack of an international accreditation program that regulates the teaching of Bioethics, we propose that the Angolan academic authorities adopt the integration of the subject in a transversal way in the medical career, based on the logic of the Core Curriculum of UNESCO, adapted to the socio-cultural context of Angola.

With the objective of undertaking the situational diagnosis about the insertion of Bioethics in the Teaching and Learning process of Medical Education in Angola, after a thorough analysis of the forms filled in by the students, referring to questions that involve ethical dilemmas and some principles of the Core Curriculum of UNESCO and the subsequent comparison of the Angolan curricula with those of Universities in Portugal, Brazil and Cuba, this study allowed us to arrive at the following statements(Alfredo,Sá,2019):

Although there is a great diversity of ethno-linguistic groups among the students, where a certain predominance of the Ovimbundu is observed, we believe that the answers were little or not influenced by the cultural values transmitted in each group.

We infer that religious-based morality (Catholic Church) may have influenced the ethical positioning of students.

In relation to some principles discussed in the Core Curriculum, despite the students having little knowledge or incomplete answers, we consider the following aspects about the results: different curricula, in which Bioethics is not properly systematized in terms of content to be taught; the socio-cultural and economic context of the country, justified by the trend of response based on the utilitarian theory and the local epidemiological profile.

But more studies are needed with larger sample sizes, with the probable inclusion of other years, and the consultation of professors to precisely determine how Bioethics is inserted in the medical education of Angola. Due to the lack of an international accreditation program that regulates the teaching of Bioethics, we propose that the Angolan academic authorities adopt the integration of the subject in a transversal way in the medical career, based on the logic of the Core Curriculum of UNESCO and adapted to the socio-cultural context of Angola.

References

- Adebamowo C.A.; (2007). West African Bioethics Training Program: Raison d'être NIH African Journal of Medical Science. Author manuscript; available in PMC April 25. Afr J Med Med Sci. 36(Suppl):35–38. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3336736/>
- Andoh CT. (2011). Bioethics and the challenges to its growth in Africa. Open journal of philosophy <https://Bioethics+and+the+C> challenges+to+Its+Growth+in+Africa&btnG
- Bulletin SH. (2012). International Association of. 2010;;37–41. <https://www.irs.gov/pub/irs-irbs/irb10-47.pdf>
- Catumbela e Sá A., (2019). "Bioethics in Angola: experience of the Faculty of Medicine of Malanje.Revista de Bioética 27.2 http://revistabioetica.cfm.org.br/index.php/revista_bioetica/article/view/1980

- Clarkeburn H.A., (2002). Test for ethical sensitivity in Science; In *Journal of Moral education* 31 (4),439-453. <https://scholar.google.com.br/scholar?>
- DR Decree 5_09_Creates Academic Regions that Delimit Territorial Scope Action and Expansion Inst Ens Sup.pdf. http://welvitchia.com/SESA_files/DR%20Decreto%205_09_Cria%20Regioes%20Academica
- Have HT, Gordijn B. (2014). *Bioethics Education in Handbook of Global*. Springer Dordrecht Heidelberg., vol 2. https://www.researchgate.net/profile/Francis_Masiye/publication/263007847_Handbook_of_Global_Bioethics/links/
- Langlois A, (2008). The UNESCO Universal Declaration on Bioethics and Human Rights: Perspectives from Kenya and South Africa 16:39-51. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2226192>
- Latinoamericana R, Bioethics C De. (2013). *RedBioética Magazine / UNESCO*. 1(7), <http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Montevideo/pdf/RevistaBioetica16.pdf>
- Lind G. (2002). Moral Dilemma Discussion Revisited - The Konstanz Method [Internet]. vol. 1, *Education*.. p. 1–21. <http://ejop.psychopen.eu/article/view/345>
- Maluf F, Bottle V. (2015). The UNESCO Core Curriculum as a Basis for Training in Bioethics.;39(3):456–62. <http://S0100-55022015000300456&>
- Mbugua, K. (2009). Is there an African Bioethics? *Eubios Journal of Asian and International Bioethics*, 19, 4. [http://www.scirp.org/\(S\(i43dyn45teexjx455qlt3d2q\)\)](http://www.scirp.org/(S(i43dyn45teexjx455qlt3d2q)))
- Mori M. (1997). The morality of abortion. *Brasilia*;4ªed., p17-35.
- Ndebele P, et al. (2014). Review of NIH Fogarty-Funded Programs 2000-2012.;9(2):24-40. <https://www.ncbi.nlm.nih.gov/pubmed/24782070>
- Ogundiran TO., (2004). Enhancing the African bioethics initiative. *BMC Medical Education*. <http://doi:10.1186/1472-6920-4-21>.
- Outcome-based Medical Education, (2009). Having the end product in mind Objective j.. <http://www.umin.ac.jp/vod/files/20090325/file01.pdf>
- Rego S et al., (2008). Bioethics and Humanization as Transversal Themes in Medical Education, *BRAZILIAN JOURNAL OF MEDICAL EDUCATION*, 32(4): 482–491 <http://www.scielo.br/pdf/rbem/v32n4/v32n4a11>
- Schwalbach João et al., (2018). Strengthening of Bioethics Committees in Portuguese-Speaking African Countries. https://run.unl.pt/bitstream/10362/36709/2/Fortalecimento_dos_Comites_de_Biologica.pdf
- South African Department of Health. (2004). *Ethics in health research: Principles, Structures and processes*. <http://www.nhrec.org.za/index.php/grids-preview?download=10:doh-2015-ethics>
- Tangwa G., (2002). The traditional African perception of a person: Some implications for bioethics. *Hastings Center Report*.; 50:39–43. <https://doi/abs/10.2307/3527887>
- UNESCO. (2015). Part 2: Study Materials Ethics Education Program. *Basic Study Program on Bioethics*.; 110. <http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Montevideo/pdf/Bioet-CoreCurriculum-PT-Parte2.pdf>
- UNESCO. (2003). *Records of the General Conference, 31st session, Paris, 2001: Volume2,Proceedings*. <https://unesdoc.unesco.org/ark:/48223/pf0000124687>
- Zau F. (2002). The sociocultural context. *Angola development paths*.; 31105. <http://unia.ao/docs/Filipe%20Zau%20%20Angola%20Trilhos%20para%20o%20Desenvolvimento.pdf>