Attention to ethical issues in clinical medicine has increased in recent years as a result of profound changes both in medicine and society. Among the many factors causing the increased prominence of ethics in medicine are unprecedented growths in scientific knowledge, expansion in the availability and efficacy of medical technologies, a more equal relationship between patients and physicians, new organizational arrangements in the provision of services, and increased pressure to contain spiraling costs.

Ethics is a branch of philosophy that examines rights and wrongs, what should or ought to be done. Dunstan defined medical ethics or clinical ethics as “the obligations of moral nature which govern the practice of medicine.”

Clinical ethics refers to application of the science and understanding of morality in the field of medicine and health sciences. The goal of clinical ethics is to improve the quality of patient care. Ethics is central to clinical medicine for two reasons:
- first, ethical considerations cannot be avoided when physicians and patients must choose what ought to be done from among the many things that can be done for a patient in a particular clinical situation;
- second, the concept of good clinical medicine implies that both technical and ethical considerations are taken into account.

Bioethics is the study of ethical issues in the biological and biomedical sciences, and some important aspects of environmental, population and social sciences. It subsumes traditional medical ethics but is a wider field. It specifically includes ethical issues in research, and not just in clinical settings governed by the relations between physicians and patients.

The principal goal of teaching clinical ethics and bioethics is to improve the quality of patient care in terms of both the process and outcome of care. Because clinical ethics is so essential to medical practice, it should be an integral part of medical education at all levels in medical school, in the residency, and in continuing education.

The primary target group of the core curriculum is medical students. The teaching should be implemented before the end of the clinical phase of their medical education. Although the core curriculum can be introduced in the preclinical phase of medical studies, it will probably be more effective for students who are in the clinical phase. These students have experienced the need for ethical reflection and they will also more easily recognize the ethical dimension of cases and problems.

Nowadays, bioethics teaching is also introduced in other educational programs such as nursing education, health care sciences, dentistry and public health. Furthermore, bioethics teaching is provided to law, philosophy and social sciences students. The core curriculum can also be used as the first introduction into bioethics for health care professionals (medical doctors and nurses in particular). It is therefore useful for post-academic training and continuing education. The curriculum may also be applied in educational programs for members of ethics committees.

Many hospitals now have ethics committees. Ethics committees can serve several functions: they can educate staff, set institutional policy, provide a mechanism for the review and resolution of cases involving conflicts, and influence patient care decision making. Ethical committees could improve clinical-ethical decision making by educating the hospital staff and by developing rational and sensitive institutional policy on ethical matters, such as brain death, Do Not Resuscitate (DNR) orders, and organ transplantation. The committees could also provide real-life assistance to physicians in practice.
In September 2009, and on the occasion of Global Medical Ethics Day, a symposium on Teaching Medical Ethics in Lebanese Medical Schools was held at the Rotana-Gefinor Hotel, organized by the Faculty of Medicine of the American University of Beirut. At the end of the symposium, the following recommendations were approved by the participants from all faculties of Medicine in Lebanon:

1. Medical schools should reexamine their admissions criteria, policies and practices to ensure that those individuals with high ethical standards and moral character, or those who have the potential to develop in that direction, are admitted.

2. Biomedical ethics education should be longitudinal, spanning all the undergraduate years, and should extend into graduate training and postgraduate careers (continuing medical education).

3. Multiple methods and approaches to teaching and to student assessment are recommended, and these should align with the multiple objectives of medical ethics education, encompassing knowledge, attitudes, behavior and skills.

4. Medical schools and the academic medical centers housing them should foster an institutional culture that supports and upholds the ethical principles of the practice of medicine. The same strict standards for behavior should be applied to all the constituency of the school, beginning with the members of the faculty who should serve as good role models for students and residents.

5. It is recommended that representatives of the various medical schools in Lebanon form a network dedicated to bioethics education, with the aim of developing a common vision for bioethics education in Lebanon based on a common set of values and objectives. This network should collaborate and consult with other bodies such as the National Lebanese Consultative Committee for Ethics, the UNESCO Committee for Bioethics, the WHO, and others.

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