Moral Education in Croatia
(The Rijeka Model)

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ABSTRACT
With the establishment of Croatia as an independent country and member of the UN, the first Croatian autonomous medical ethical codex was passed. Its essential feature is the effort to connect the Hippocratic ethical tradition with the questions and answers of bioethics, as "new medical ethics". The Medical Faculty of Rijeka was the first in School of Medicine to include the discipline of bioethics as a separate subject in the Medical education curriculum in Croatia. This paper aims to describe the purposes, methods and structure of our course on moral education in this Medical school. We introduce some of the Faculty of medicine’s history, the content of the Course and we also explain how the lectures, seminars and students’ workshops in ethics are conducted, and especially, we introduce the “Rijeka model” as an innovation in Medical Education in Croatia aiming the exchange of information with colleagues from other parts of the globe.

RESUMO
A Escola Médica de Rijeka, Croácia é a primeira Escola de Medicina a incluir a disciplina de Bioética como um curso separado no currículo de escolas de Medicina na Croácia. Esse artigo visa descrever os objetivos, método e estrutura do curso em educação moral nesta escola médica.

Nós apresentamos um histórico da Faculdade de Medicina e explicamos o curso e como as aulas, seminários e oficinas de ética com os alunos são realizadas, e, especificamente, apresentamos o “Modelo Rijeka” como uma inovação da Educação Médica na Croácia com o objetivo de intercâmbio de informações com colegas de outras partes do globo.

KEYWORDS
- Bioethics
- Croatia
- Medical ethics
- Curriculum

DESCRITORES
- Bioética
- Croácia
- Ética médica
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INTRODUCTION
The Medical Faculty of Rijeka was the first in School of Medicine to include bioethics as a separate subject in the Medical education curriculum in Croatia. This paper describes the purposes, methods and structure of our Course on moral education in this Medical school.

We introduce the content of the Course and we also explain how the lectures, seminars and students’ workshops in ethics are delineated, and especially, we introduce the “Rijeka model” as an innovation in Medical Education in Croatia.

SOME HISTORY
1. Reasons for the Foundation of The faculty of Medicine of Rijeka
As you can learn from our webpages, the end of World War II brought the revitalization to Rijeka, Istria, Zadar and the Cres-Losinj Islands, traditionally neglected by foreign reigns.

In Rijeka, the clearly unfavourable socio-medical circumstances together with an insufficient number of health professionals of all specialties imposed the need for training a new, national and local staff. At that time, solely the Croatian School of Medicine in Zagreb was operating in its full capacity and as the number of potential students from Istria, Primorje, Gorski kotar and neighbouring regions was increasing, the medical enthusiasts from Rijeka started the initiative to found the studies of medicine in this town.

2. Setting the Prerequisites – Tradition, Objective and Potentials
While Antonio Senato d’Ancona (16th century) was the precursor of the first graduated physicians in Rijeka, Severino Graziono with his complete professional staff, especially with his treatise of “De usu mercurii” (1755), marked the beginning of the development of scientific medicine in Rijeka. In 1786, Cosmini started the first school for midwives and a handbook of theory and practice of the study was written in the Croatian language by Carobij. They were followed by Cambieri, Giacich, Catti, Grossich and many others whom each one in his own field affirmed current medical achievements in the field of clinical disciplines – internal medicine, laryngology, surgery. Presently the specificity of Medicine in Rijeka is maritime medicine.

In spite of the social and political gap caused by two Wars, physicians from Rijeka and those from Susak continued successfully the work of their predecessors and particularly meritorious were the work of the Heads of specific departments. Only to list some names from Rijeka: Lionel Ienaz, Ruggiero Grossich, Viktor Finderle, Velimir Gutesa, Silvije Novak, Janko Komljenovic, Jakov Bakotic and others in Susak.

After World War II when the town was united, the prerequisites for the integration of all hospital services were developed. Although a great number of our physicians were Italian and left Rijeka, new specialists arrived from other parts of Croatia and continued a successful work grounded on the tradition of the Rijeka Hospital. This tradition served as the base for clinical teaching and practice of students of the forthcoming School of Medicin.

3. Chronology of Development
- In September 17, 1954, the Rijeka National Board and the Council for Public Health and Social Policy sent to the Council of Zagreb Medical School minutes of the joint session attended by Professor Andrija Stampar, Dean of the Zagreb Medical School and Edo Jardus, president of the Rijeka National Board with collaborators and representatives of health care institutions. The proposition by the Zagreb Medical School to establish a branch in Rijeka was accepted and an adequate commission was appointed for the implementation of the initiative.

- The last quarter of 1954 and the first half of 1955 were marked by organizational arrangements. The Branchetta Foundation building complex was designed for preclinical departments and management, one floor would have to be built on and dormitories for 100 students provided. Clinical studies would have to take place in the already existing hospitals. The heads of departments were appointed as the teaching staff and in the meantime they had to be available during working hours. Teachers from Zagreb and other faculties were invited for non-clinical subjects.

- July 12, 1955. The Republic Council enacted the Law on the Foundation of the School of Medicine in Rijeka, as a constituent of the University of Zagreb. The first academic year was 1955-56.

- July 13, 1955. At the meeting of the Council of the Zagreb Medical School, Professor Silvije Novak was promoted to Full Professor and acting dean of the newly established School of Medicine in Rijeka.

- July 19, 1955. The Rijeka National Board assigned the Branchetta complex in 20-22 Olge Ban street to the School of Medicine and put 14 million dinars at the disposal of the School of Medicine, and the People’s Republic of Croatia Executive Council gave 15 million dinars.

- August 13, 1955. Mato Grgeta, LL.D. was appointed as the first secretary of the School of Medicine.

- October 22, 1955. The Council of the Zagreb Medical School elected the first academic staff: S. Novak and Z. Kucic (internal medicine), J. Komljenovic (clinical surgery), A. Medanic (general surgery), D. Perovic (obstetrics), Z. Susic (neuropsychiatry), F. Jelasic (neurology...
Lectures

The lectures address the acquisition of theoretical knowledge of ethics, comprehending the conceptual and historical medical ethics. The main focus of the lectures is to foster the critical skills to deal with the complexity of moral issues of contemporary medicine.

Besides the completion of the required teaching hours for the Course on Medical Ethics - in which 35% of teaching activities should be dedicated to lectures and 65% to group work. Situated in a large lecture-room, the students of the whole generation follow the presentation by a lecturer, which is sometimes accompanied by conversation or students’ questions. As a response to what is being lectured, students send verbal and non-verbal messages to the lecturer about how much they understand him and how much they are motivated to follow his presentation. The Department of Social Sciences, aware that sitting, listening and watching should be made as interesting, dynamic and attractive as possible, organized team lectures when several lecturers alternately present ethical issues, while invitation is always open to clinicians and postgraduates studies have been organized along with undergraduate studies.

In 1973/74 full-time study of dentistry was initiated.
In 1978/79 two-year study for nurses was introduced.
In 1985/86 two-year study for radiographers was introduced.
In 1986/87 two-year study for senior physiotherapists was introduced.
In 1987/88 two-year study for medical laboratory engineers was introduced.
In 1988/89 work-and-study scheme of dentistry for Italian citizens was introduced.
In 1990/91 5-year curriculum for students of medicine was reorganized into 6-year curriculum. In the same year full-time 4-year programme for sanitary engineers was introduced.
In 1994/95 full-time study of dentistry for foreign students was introduced.
In 1998/99 all two-year studies were recognized into the College of Health Studies, which is a constituent unit of the new Rijeka Polytechnic.

Since this paper’s main purpose is academic exchange and informative of our efforts and activities, we will continue to explain how we are able to implement the Course on Bioethics.

The Faculty of Medicine, Rijeka was the first in Croatia to introduce a required course of Medical Ethics in the medical curriculum and in the curriculum for senior staff nurses, medical laboratory officers, senior physiotherapists and radiographers.

We are offering also the Introduction to Bioethics as an elective course for the studies of stomatology and graduated sanitary engineers. During seven academic years at the Faculty all the profiles of its students were involved in bioethics education.

Medical ethics in Croatia has a long tradition. The first deontological dissertation was written in 1843 by dr. Joseph Descovich and it is older than some other similar scientific papers of other nations (in Sweden the first dissertation was published in 1971, i.e. 128 years later). With the new ethical codes of Croatian doctors, which is carried out 1992, this ethics enters in the new historical period, and scientific interest for the first Croatian deontological dissertation is getting bigger.

Research goals: History of medical ethics in Croatia, and its European influence. The first public presentation and analysis of content of the first Croatian deontological dissertation was wrote by Dr. Joseph Descovich*

During this period, the Faculty of Medicine Rijeka has been developing the phase of pre-clinical teaching with great ambitions to extend this teaching to become a component of clinical teaching in near future. Lectures, seminars and workshops are methods used in medical ethics education at this Faculty.

representatives of other social and life sciences. On the model of some medical schools in the world, lectures are supplemented by documentary or feature films covering themes such as AIDS, abortion, transplantation, human organ and tissue procurement, human experimentation etc.

The experiences we have gained up to now point to the following merits of lectures as a method of bioethics education:

1) Understanding the extension and complexity of a moral problem;
2) Illustration of matters that are real, vivid and dynamic in ethics, as well as the setting that surrounds the person who is to reach an ethical decision;
3) Stimulation of moral imagination and empathy in students and the emphasis on interdisciplinary character of bioethics;
4) Economy of time, space and didactic facilities.

The participants in bioethics education are offered by lectures an interdisciplinary view on a certain ethical problem or concept, yet, they are not at the same time given a possibility to express their attitude or experience about it. The right of each student is to state his personal and subjective experience, then to explain his positive or negative attitude, to confront it to other students’ attitudes, as well as to learn to respect other opinions. That’s why the fifth characteristic of lectures is perceived in the function of preparation for discussion in smaller groups.

Concerning these features the lectures are coordinated with the methodology in completion of teaching hours in bioethics education and appreciated equally with other forms and methods of teaching activities.

SEMINARS

The group work in bioethics education at the Faculty of Medicine Rijeka is performed through seminars and ethics workshops. The goal of the seminars is the development of analytic skills for recognition and definition of ethical problems by the students. In seminars students acquire the understanding of attitudes and form opinions about: the nature of bioethics; bioethics theories, regulations and principles, ethical problem of communication in medicine; duties of doctors and other health-care providers; attitudes to life, to one’s personal life as well as to the life of others; cultural, civilization and historical distinctions in issues related to traditional and new medical ethics.

Whichever teaching technique is used in bioethics education, it is considered a crucial task to introduce students to standard bioethics literature. So, in seminars they are instructed about the existence of literature with problem-based and systematic approach to bioethics and that knowledge of this literature is useful in the long term. Students together with their tutor go through the following required local and international work: Šegota; Segota; Segota; Beauchamp and Childress; Encyclopedia of Bioethics; Jonsen; Craig, Middleton and O’Conell; Pence, among others. By interpreting and reproducing ethical topics from bioethics literature, students gain understanding of ethical problems and relevant issues, but also the ways of solving ethical dilemmas. Students use written sources and perceive contrary to what they think about an ethical problem and how it has been dealt with by bioethics scalars. By quoting and explaining the scholars’ thoughts, students and teachers learn to recognize, define and analyze an ethical problem. In this activity they also express their own sensibility, and thus already in seminars they become co-creators of bioethics.

WORKSHOPS

The class arrangements for the workshops consist in a cicle to make sure the conversation is maintained “face to face”, and the participants in bioethics education feel committed with their work in the workshops. Allowing the students to express their feelings and creativity they can also choose for dramatization of sketches that represent the dilemmas which we believe have a special meaning for workshops in ethics education.

With the aim to create better group coherence and motivation, the workshops advance with a game. So, for example, students are divided into small groups of 4 to 5 members and each group opens an envelope that contains a small card with an image or a person’s name whose biography they should outline in 3-4 minutes, but without mentioning the person’s name. The following images and names are written on cards: Hypocrates, Asclepius, Callahan and a medical student. While one group presents, the other students stay watching trying to figure out who’s the person. The following images and names are written on cards: Hypocrates, Asclepius, Callahan and a medical student. While one group presents, the other students stay watching trying to figure out who’s the person’s characteristics belong to.

It is really very gratifying to observe how motivated and involved with the tasks the students get. According to our experience, such kind of course beginning an introduction ensures a relaxed atmosphere in which students freely talk about their ideas.

At the beginning of the academic year, the teaching methods are accorded with the students under two requisites based on mutual respect: first, not to evaluate negatively, to laugh at or ignore any colleague’s participation, and that each idea deserves to be discussed. Second, all students should participate in the realization of the accepted topics. Following, a free choice of topics and issues, which the students would like to analyze, starts.

Students have shown their interest in the following topics and ethical problems for four successive years: The Hippocratic Oath and Hippocratic Ethics Tradition; Ethical Pluralism and Abortion; Rhetorics; Life Quality and Healthy Ethical Issues in Transplantation; Ethics of
Human and Animal Experimentation; Ethics in Communication with Patients; Ethical Issues of Relationship to HIV-Infected Patients; Ethics and Genetics; Ethics of Addictions; Religion and Biomedicine; Historical Development of Bioethics in the World and in Croatia; Ethics of Death and Dying; Feminist Ethics; Bioethics Theories, Principles and Rules; Ethics of Relationship to the Handicapped and Disabled; Ethics of Environment; Population Bioethics and Ethics of Care.

After having made a list of ideas, their ethical realization follows. Students’ creativity in work is reflected in searching a number of solutions for the topic and problem, in finding literature by themselves or with the help of the teacher and in examining cases to support the current significance of the topic. Taking into consideration the recommendation by American and Canadian faculty of medical ethics not to approach all topics in the same way, we choose the application of three variants of group work: programmed teaching, conflicting groups and case analysis.

The strategy of programmed teaching is usually approached through group study of topics dealt with during lectures. At the end of lectures students are assigned to find and analyze in front of their group essential contents, which can help, reach solutions to ethical issues relevant to the topic lectured before.

The method of conflicting groups is realized by isolating 3-4 students from the group and they are explained that in the following two lessons they will assume the role of the jury. They have to record all arguments presented in the debate and analyze verbal and non-verbal communication of group members. Then, the group is divided into A and B subgroup. Subgroup A is given the assignment to state arguments FOR, based on literature and other materials used in the preparation of the workshop, while subgroup B is AGAINST a certain procedure (abortion, euthanasia, surrogate motherhood, telling the truth to severely diseased patients etc.). During the following workshop the assignments are exchanged and now subgroup A states arguments AGAINST and subgroup B FOR the procedure. The coordinator of the workshop during the first lesson participates in the work of the first subgroup, and in the second lesson of the second subgroup. After having heard the arguments and counter-arguments, the jury presents a systematized list of reasons for and against and their observations on the way of communication in the group. After that, the whole group discusses ethical pluralism within the assigned issue.

The third mode of work in the workshop includes the examination of essential contents of ethical decision-making through case analysis.

As a preparation of the workshop students are given a case which they have to solve in a way that in the following workshop they explain orally what they would do if they were in the doctor’s place and which essential contents would be connected in their ethical decision. The mentioned contents are systematized and conclusions are made. Case analysis can also be used to examine essential factors of ethical decision-making.

Students and coordinators in workshops mutually exchange their thoughts and analyze critically each of the presented ideas. They also evaluate the possibility of its realization and possible ethical problems that might happen and how possibly to solve them. In workshop presentations students express their personality, their sensibility is manifested, their values are illustrated, the beauty and wisdom of human thoughts are transmitted, the easiness or difficulties in communication are emphasized, ethical attitudes are opposed—divided FOR or AGAINST a certain procedure, emotions and duties are clarified and, in the final part of the workshop, students express a wish to act in practice. Thus, students in their mutual dialogue and in the dialogue with the coordinator develop the feeling of moral duty and personal responsibility, tolerate criticism, disagreement in opinions and contradictory attitudes.

THE TEACHING OF MEDICAL ETHICS EVALUATED BY THE STUDENTS: A FEEDBACK

At the end of the academic year students assess the realization of bioethics teaching. The following is their assessment for the preceding academic year (1997-98): 94.11% of surveyed students assessed they gained useful and interesting information in the course of medical ethics, 1.47% found that to be incorrect, while 4.41% could not decide on the answer. The contents of the course were assessed as very interesting by 26.47%, as interesting by 70.58% and as uninteresting by 2.94% of the students. 77.94% agreed that the teaching methods made the process of teaching more interesting and easier, 4.41% did not agree with it and 19.11% were indecisive. The way of teaching was found to be very good by 35.29%, and good by 64.70%. Students’ active participation in the course was witnessed by 82.35% of the students, 8.82% thought there were also passive ones and the same percentage reported that it depended from one group to another. 79.41% took part in debates during the course of medical ethics, 8.82% did not participate, while for 13.23% of students it depended on the group in which they worked. Debates in the course were interesting and useful to 85.29% of students, to 2.94% they were not, while 11.76% of students could not evaluate them.

CONCLUSION

Bioethics education at the Faculty of Medicine in Rijeka is still in the phase of searching to improve its contents and methods of teaching. The students’ feedback on this course is helping us to assure that it is an important discipline in the area of Health.

Another positive aspect that encourages us to keep going refers to students' enthusiasm concerning the course dynamics that allow for active participation which includes content design, debates, and course completion. To conclude, we emphasize that the discipline of bioethics in Croatia is an essential prerequisite for medical formation, and on the other hand, it becomes a special challenge to find and adapt to our context new approaches and methods of bioethics education.

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