

Exploration of the Value and Dilemma of Cultivating Medical Students' Medical-Ethics Literacy in Comprehensive Universities From the Perspective of Social Practice

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Abstract: Medical-ethics literacy constitutes a vital component of medical students' core professional competencies. It serves as the basic criterion for cultivating medical-and-health talents in the new era, and is closely bound up with the conduct of the medical industry, harmonious doctor-patient relationships and the development of national health undertakings. Medical specialties in comprehensive universities feature multidisciplinary integration and possess unique training resources. Nevertheless, they are confronted with problems including insufficient medical educational atmosphere, imperfect practical-training systems and inadequate implementation of medical-ethics education. Social practice acts as a real-scene classroom for medical-ethics literacy cultivation, and functions as a bridge between medical students' theoretical understanding of medical ethics and the implementation of professional conduct. It can well make up for the deficiencies of classroom-based theoretical learning of medical ethics. From the perspective of social practice, targeting the cultivation of medical-ethics literacy for medical students in comprehensive universities, this paper explores the functional value of social practice for medical-ethics cultivation and analyzes existing problems in the current cultivation of medical-ethics literacy among medical students. It thus provides a theoretical basis and ideas for comprehensive universities to improve the medical-ethics cultivation system, raise the quality of medical-talent training, and foster modern medical workers with consummate medical skills and noble medical ethics.

Keywords: Social practice; Comprehensive universities; Medical students; Medical-ethics literacy

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1. Introduction

Within China's current medical-education landscape, comprehensive universities have become an important base for training medical talents. Compared with independent medical universities, comprehensive universities boast complete disciplines, abundant humanistic resources and diverse educational platforms. They can provide cross-disciplinary and all-round growth environments for medical students and lay foundations for diversified cultivation of medical-ethics literacy. However, it cannot be ignored that in most

comprehensive universities, medical majors, which take comprehensive disciplinary construction as their mission, are not preponderant disciplines. Problems such as a weak medical educational atmosphere and fragmented medical-ethics-education systems lead to superficial medical-ethics training, giving rise to a disconnection phenomenon where students “master medical-ethics theories yet lack professional responsibility and practical capabilities”. Social practice covers forms including community free clinics, health science popularization, grassroots medical volunteer services, medical assistance for rural-revitalization programs, and doctor-patient-communication practice. It builds a “real-scene classroom” for medical-ethics cultivation and achieves the integration of theoretical education and practice-oriented education. Therefore, from the perspective of social practice, this paper systematically analyzes the value of cultivating medical-ethics literacy for medical students in comprehensive universities, accurately identifies practical problems existing in current medical-ethics cultivation, and offers specific path references for constructing the ideological-and-political education system for medicine in comprehensive universities, solving the knowledge-practice disconnection in medical-ethics cultivation, and improving the comprehensive literacy of medical talents.

2. Value of cultivating medical students’ medical-ethics literacy in comprehensive universities from the perspective of social practice

2.1. Realizing the integration of knowledge and practice in medical-ethics cognition

The essence of medical-ethics literacy lies in practice rather than mere theoretical cognition. At present, medical-ethics education for medical students in comprehensive universities is mostly carried out through courses such as *Medical Ethics* and *Medical Professional Morality*. Teaching is dominated by theoretical lectures, case analysis, and classroom discussions, while teaching content is mainly theoretical items, including medical-ethics norms, industry codes, and legal provisions, which are highly abstract and systematic^[1]. Such a classroom-teaching mode can build a basic framework of medical-ethics knowledge, yet it has obvious limitations. Cases adopted in classrooms are idealized and standardized, which differ greatly from real-world grassroots medical scenarios, complicated doctor-patient conflicts and diversified public health demands. As a result, students can only memorize knowledge instead of internalizing it. Many medical students can recite articles of medical-ethics norms proficiently, yet when confronted with real patient demands, medical disputes and interest-related choices, they lack basic capacity for value judgment and behavioral practice, resulting in the disconnection between knowledge and practice^[2]. Social practice provides an important practical venue for medical students to apply theories and effectively compensates for the deficiencies of classroom medical-ethics education. In social-practice scenarios such as community free clinics, rural medical assistance and health services for the elderly, medical students can make direct contact with people of different ages, income levels and health conditions. They can personally experience the pains and difficulties of seeking medical treatment among the public, and directly perceive the people-oriented value of medical services. Students concretely apply medical-ethics theories, including respecting patients, cherishing lives, and practicing integrity-oriented services, in the process of measuring blood pressure for grassroots residents, disseminating health knowledge, conducting chronic-disease health management, and assisting special patients^[3]. Practical dilemmas emerging in social practice, such as difficulties in doctor-patient communication, shortages of grassroots medical resources and public bias in health cognition will prompt students to actively explore the inherent connotation of medical ethics, break one-sided and textbook-bound understanding of medical ethics, and truly comprehend the essence embodied in the tenets of “Great Physicians Devote Themselves to Perfection” and “Physicians

Possess Benevolent Hearts”. It accomplishes the transformation of medical-ethics cognition from passive acceptance to active identification, and from theoretical memorization to conscious practice, so as to realize the training goal of integrating knowledge with practice ^[4].

2.2. Constructing a diversified medical-ethics cultivation system

Benefiting from multidisciplinary advantages covering literature, sociology, psychology, law, pedagogy and other disciplines, comprehensive universities provide diversified support for medical-ethics-literacy cultivation. Social practice acts as a key carrier to activate cross-disciplinary educational resources and build an all-round medical-ethics cultivation system. Medical-ethics literacy is not a single moral quality, but comprehensive literacy integrating professional responsibility, humanistic care, legal thinking, communication competence and social responsibility. Single medical-specialty education cannot achieve all-round cultivation, and integration and empowerment of multidisciplinary knowledge are required ^[5].

In social-practice activities, comprehensive universities can leverage resources from sociology majors to guide medical students to understand grassroots medical conditions, public health demands and doctor-patient-relationship status, so as to foster students’ capacity for social research and awareness of concern for people’s livelihood ^[6]. Supported by psychology majors, psychological support for patients and related mental-health-popularization activities can be carried out to help students develop richer humanistic attainments and the attitude of humanistic care. With the support of law majors, relevant medical-legal knowledge can be promoted in medical-volunteer-service activities, enabling students to understand practicing medicine in accordance with the law and uphold the values of integrity and self-discipline. Backed by literature and humanities majors, lectures on medical-humanism publicity and projects for spreading physicians’ stories can be held, so as to shape medical students’ sense of professional identity ^[7]. The cross-disciplinary-integrated social-practice mode breaks the one-sided and rigid situation of traditional medical-ethics education, and organically integrates humanistic literacy, legal literacy and social literacy into the cultivation of medical-ethics literacy.

2.3. Strengthening medical students’ professional identity and sense of mission

Professional identity and sense of mission constitute the spiritual core of medical-ethics literacy. They serve as important spiritual strength for medical personnel to stick to professional bottom lines and fulfill physicians’ missions ^[8]. Some medical students hold utilitarian perceptions of their profession and possess weak professional sentiments. A number of students take up medicine merely to pursue well-paid careers, ignoring the public-welfare and social nature of the medical industry. They lack understanding of the high-intensity, high-pressure and high-risk professional characteristics of medical work, and are prone to professional burnout, value confusion and medical-ethics violations. Due to an insufficient on-campus medical educational atmosphere, medical students in comprehensive universities are more likely to have a weak professional sense of belonging and unsteady professional convictions compared with students in independent medical universities ^[9].

Social practice enables medical students to step out of campus, integrate into society and get close to the public. They re-understand their profession and establish professional awareness in real-world people-serving environments. In grassroots medical practice, students can witness the strong demand of grassroots residents for high-quality medical resources and experience the improvements brought by medical services to patients. From this, they gain a sense of professional satisfaction and realize social-value fulfillment ^[10]. When solving

medical-access problems for elderly patients, poverty-stricken households and special-needs groups, students can better appreciate the sense of mission and responsibility of medical workers who heal the sick and relieve the afflicted. They come to realize that medical-and-health work is not merely a livelihood-oriented occupation, but a noble cause safeguarding people's livelihood and protecting human lives. In the course of cooperating with grassroots medical-and-health workers, students are influenced by the professional dedication and self-sacrificing spirit of front-line medical staff. They take industry role models as examples to revise their professional perceptions and abandon utilitarian career-selection ideas. Immersive practical experience can enhance medical students' professional identity, sense of belonging and sense of mission. It deeply implants the professional spirit of revering life, healing the wounded and rescuing the dying, being ready to dedicate and possessing boundless benevolence into students' minds, and lays an ideological foundation for long-term adherence to medical-ethics bottom lines and fulfillment of physicians' missions ^[11].

3. Dilemmas in cultivating medical-ethics literacy for medical students in comprehensive universities

3.1. Deviated cultivation concepts and neglect of the educational value of social practice

At present, most comprehensive universities suffer from deviated educational concepts that prioritize professional subjects over moral education and prioritize theory over practice. They do not attach sufficient importance to the cultivation of medical students' medical-ethics literacy and ignore the core role of social practice in medical-ethics cultivation. Comprehensive universities take comprehensive talent training as their fundamental objective. Medical majors are non-core and non-preponderant disciplines within such universities. In terms of resource allocation, teaching arrangement and construction of educational systems, universities devote more attention to preponderant disciplines such as arts, humanities, science and engineering, while investing less in ideological-and-political education and medical-ethics cultivation for medical majors. In medical-talent-training programs, most universities simply equate medical-ethics education with curriculum-based ideological-and-political education. Moral-education tasks are accomplished merely through fixed theoretical courses. Social practice is simply regarded as extracurricular activities and volunteer services, instead of being incorporated into the core system of medical-ethics-literacy cultivation. Institutionalized and normalized practical-education planning is absent ^[12].

From the university perspective, the assessment-and-evaluation systems of some universities place stress on professional academic performance, postgraduate-entrance-examination rate and employment rate, while attaching little weight to the assessment of soft-quality cultivation such as medical-ethics literacy, practical capabilities and professional sentiments. Consequently, medical-ethics cultivation becomes marginalized and formalized. From the teacher perspective, some professional-course teachers and ideological-and-political teachers hold cognitive misunderstandings. They regard medical-ethics education as the sole responsibility of ideological-and-political courses, neglecting medical-ethics cultivation embedded in professional teaching. Moreover, they lack an in-depth understanding of the educational value of social practice and fail to recognize that students can cultivate medical ethics through practice ^[13]. From the student perspective, influenced by the utilitarian learning environment, most students devote their energy to professional-knowledge learning, skill-certificate examinations and further-education-and-employment preparation. They treat social practice as after-school activities or credit-earning tasks, and only participate in it in a formalistic manner, rather than regarding practical activities as an important approach for self-improvement. As a result, the

medical-ethics-cultivation effect of practical activities cannot be fully exerted ^[14].

3.2. Fragmented practical-cultivation system without systematic and professional design

A sound practical-education system constitutes the fundamental guarantee for medical-ethics-literacy cultivation. Nevertheless, the social-practice-based medical-ethics-cultivation system for medical students in comprehensive universities is generally fragmented, scattered and non-professional, lacking a closed-loop educational mechanism. First of all, practical-content design lacks pertinence and systematicness. Most social-practice activities organized by universities are basic activities such as simple free clinics, leaflet distribution and health promotion, with monotonous contents and fixed forms. There is no organic connection with medical-specialty knowledge and medical-ethics-cultivation objectives. Layered and progressive practical content is not designed according to the cognitive characteristics and growth laws of students in lower grades, middle-upper grades, and internship stages. Basic-service activities participated in by lower-grade students fail to cultivate medical-ethics awareness, while professional practice for upper-grade students focuses on skill learning and neglects medical-ethics cultivation, leading to the disconnection between practical education and medical-ethics cultivation ^[15].

Secondly, plans for constructing practical platforms are absent, and normalized and professional practical-education bases have not been established. Although comprehensive universities possess abundant social resources, special medical-practice venues for students are relatively scarce. Most social-practice activities are temporarily organized by communities or the Communist Youth League committee, without stable cooperative partners such as grassroots medical-and-health institutions (community health-service centers), health-care institutions and elderly-care service stations. Practical activities are mostly phased and temporary and cannot realize long-term refinement of medical-ethics literacy. Practical activities lack professional guidance. Most social-practice events are coordinated by Communist Youth League teachers and counselors, without full-time guidance from professional medical teachers and front-line medical-and-health workers. Students cannot obtain timely solutions when confronted with doctor-patient-communication problems, ethical dilemmas and value-related conflicts in practice, and cannot accomplish the transition from practical experience to medical-ethics sublimation.

4. Conclusion

Medical-ethics literacy serves as the foundation for medical talents in the new era to establish themselves and practice medicine. It is the cornerstone for high-quality development of medical-and-health undertakings and the guarantee for the implementation of the Healthy China Strategy. As a real-world carrier for cultivating medical-ethics literacy of medical students in comprehensive universities, social practice breaks the theoretical shackles of traditional classroom-based medical-ethics education. With the educational advantages of integrating knowledge and practice as well as the educational characteristics of multidisciplinary integration, it possesses irreplaceable core value in consolidating students' medical-ethics cognition, enriching professional sentiments, improving comprehensive capabilities and cultivating high-quality medical talents. It acts as an effective approach for comprehensive universities to make up for deficiencies in medical education and optimize the medical-ethics-cultivation system.

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