

# Teaching Moral Philosophy in a Medical University: Seven Years Experience at UniCamillus University

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## Abstract

UniCamillus International Medical University opened its doors in 2017 and, from the outset, tried to imagine a new vision of medical studies, including an integrated course of Economics and International Social Politics as part of the student curriculum at the Faculty of Medicine. During the first year of Medicine students, besides usual topics as anatomy, physics, chemistry, study also topics as Moral Philosophy, usually classified as humanistic and not scientific. The aim of this choice was the idea of supporting the value of interdisciplinary studies for future doctors. Then Moral Philosophy and History of Medicine found their place in this integrated course.

## Keywords

Faculty of Medicine, Moral Philosophy, Integrated Course, Interdisciplinary Studies.

## 1. Background

If the correct definition of “Moral Philosophy” is that of a philosophical discipline that deals with rationally describing and justifying the concepts of “good” and “right” that guide the actions of groups and individuals, it is clear that a faculty that wants to train good doctors cannot ignore sharing reflections on this subject with its students.

Medicine, as all other health professions, is not completely reducible to science. Even if it is built on repeated and wide observation of sensitive phenomena, and even if it tries to elaborate theories that explain them, as the Austrian philosopher Seifert points out [1], medicine is not a pure science, because it has a practical purpose. Nor is it a mere empirical science, because it presupposes

a philosophical foundation *as much as* the other sciences. Actually, medicine requires a philosophical foundation *much more* than other sciences since its object is the human being. Indeed, for the most part, human beings are in the condition of suffering and in need of help. As Josef Seifert claims, to understand itself, medicine must find the answer to the question: who is man? And

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science is not enough to find this answer, since the idea of “human being” incorporates in itself a number of concepts: we need to both refer to the anthropological background and open to ethical questions.

As Sassower and Grodin sustain [2]:

A unique relationship exists between physicians and philosophers – one that expands on the constructive potential of the liaison between physicians and, for example, theologians, on the one hand, or, social workers on the other. This liaison should focus on the scientific aspects of medicine, not just the ethical aspects. Philosophers can provide physicians with a perspective on both the philosophy and the history of medicine through the ages – a sense of how medicine has adapted to the social, cultural, and ethical needs of each period. This perspective, while emphasizing medicine as science, should not be limited to matters of methodology, or to criteria for distinguishing science from other intellectual pursuits, but should be concerned also with the history, sociology, and politics of science.

Both physicians and philosophers stand to gain from a strengthening of their active liaison now as never before; but most of all, the public will be the beneficiary.

In this perspective the course of Moral Philosophy was born in UniCamillus University.

## 2. Necessity of Interdisciplinarity in Medicine

In the coming years, medicine and healthcare professions will face new and important challenges, such as achieving the international goals set out in the 2030 Agenda for Sustainable Development: 17 Sustainable Development Goals (SDGs) and 169 sub-goals, which have health improvement as a specific goal 3, together with the aim to end poverty and combat hunger, fight inequality and promote social and economic development, combat climate change and build peaceful societies by 2030.

So physicians will be not only required a thorough scientific knowledge, but also a broader knowledge of the constant bonds with philosophical and ethical concepts. In fact, as pointed out in some recent publications by the University

of Stanford, “the core moral challenge of public health is balancing individual liberties with the advancement of good health outcomes, drinking water or compel people with active, infectious tuberculosis to be treated” [3].

The subject is oriented to the formation of human beings like our students, through philosophical and moral reflection and moral reasoning ability: student will develop attitudes and values – such as humility, tolerance, understanding, respect and openness towards others.

### 2.1. *Medicine Is Not Just Scientific Knowledge: The Goals of Medicine and the Concept of Care*

To be a doctor, it is not enough to have a solid scientific and technological education; one must also take into account that the treatment process is applied to human beings. In the first lesson of moral philosophy, we usually explain to students who are about to embark on their degree course that they are entering a sort of forest called Medicine. This forest is inhabited by animals that all look the same, called “patients”, who may

wear a sign around their necks with the same diagnosis. This is not enough to “cure” them, unless it is transformed into “caring for” them: the process takes place through a thorough understanding of the context in which the disease developed and how the patient perceives and experiences his condition. This makes patients different from one another and therefore very difficult to achieve complete success in therapy if it is not “personalized” from a psychological and behavioral point of view. Hence the need for ‘narrative medicine’ that leads to mutual knowledge and trust. “Communication time is treatment time” is the rule that doctors must follow. As described in the The Hastings Center Report [4]:

The narrative ethicist imagines life as multiple points of view, each reflecting a distinct imagination and each more or less capable of comprehending other points of view and how they imagine. Each point of view is constantly being acted out and then modified in response to how others respond. People generally have good intentions, but they get stuck realizing those intentions. Stories stall when dialogue breaks down. People

stop hearing others’ stories, maybe because those others have quit telling their stories. The narrative ethicist’s job is to help people generate new imaginations that can restart dialogues.

## 2.2. *Medicine and One Health Vision*

Starting from the cultural and scientific assumption that the environment is the “common home” shared by humans with other living beings, One Health is an interdisciplinary and integrated approach to study, evaluate and address complex problems involving human health, animal and ecosystems.

One Health is more relevant than ever in times of pandemics and climate change. However, although the term now appears in countless official documents, One Health remains a scientific challenge:

- How to deal with complexity?
- How to develop a One Health approach to problems caused by pollution?
- How to insert the health component – necessarily with a One Health approach – into sustainability?

- How to include social and cultural factors in One Health, developing a multi-scale approach?
- Above all, how do we translate science into action?

The subject introduces several main themes of Moral philosophy, by linking them to abilities for Moral thinking and Moral decision making, in a systematic and existential dimension.

As Almond [5] wrote also:

There is a need to bring ethics and medical practice closer together, despite the risk and problems this may involve. Deontological ethics may promote sanctity of life considerations [...] against the quality of life considerations favoured by consequentialists or utilitarians; while talk of respect for life and the value of life may point to more qualified ethical positions [...].

For a respect-for-life position, dismissing a utilitarian cost-benefit outlook as too simplistic; but an unqualified fixed principles approach is also ruled out, both because of its unacceptable consequences in individual cases and also because of its reliance on the slippery slope

argument which, it is argued, is logically and psychologically deficient. The case of genetic engineering provides an example in which the notion of respect may operate, but in which broad general principles also apply.

### 3. Our 7 Years' Experience

The Moral Philosophy course at the UniCamillus University aims to orient students, starting in their first year, toward a vision of medicine that is strongly patient-centered and focused on human relationships. The course explores the role of information exchange through narrative medicine and emphasizes the necessary empathic relationship, the importance of respecting diverse cultural approaches, and the ethical adaptation of doctor-patient communication in the digital age. Topics covered include the complexity of healthcare organization, the evolution toward chronicity and the importance of palliative care, as well as the implications of genomic research and the revolution brought about by the introduction of artificial intelligence in the medical profession. The course also addresses the importance

of multidisciplinary collaboration, the challenges of approaching rare diseases and research in this field, and the need to develop international collaboration projects given the globalization of knowledge, resource inequality, and migration. The methodological objective is to address the challenges posed by Western technological-scientific societies in order to understand whether, and how, they can be addressed and on the basis of which ethical-anthropological assumptions and criteria. Students are encouraged to examine their own views in the light of the traditional approaches. Although students are never required to agree with any position expressed in this class, they are required to demonstrate a sufficient understanding of the ideas presented in subject contents.

We started our classes in 2017, as soon as the new UniCamillus University of Health Sciences opened. The first year students were 120 and the teaching program is listed in the Table 1.

We can divide the teaching periods in a pre-Covid period, Covid and post-Covid (Table 2).

In the pre-Covid period the 120 students in the Moral Phi-

losophy course were divided into 17 working groups, each assigned a topic. The group's tasks included completing research on the topic, preparing a presentation in class, presenting their work using predefined and uniform graphics, discussing the project in class with an invited expert at each opportunity, and answering questions from fellow students. After the lecture given by the students themselves, the group was required to prepare a paper according to agreed-upon editorial guidelines to contribute to the final draft of a volume entitled *Health and Ethics* [6]. Therefore, the course did not include a traditional exam; evaluation was based solely on the quality of the work completed, the presentation in class, and the material produced.

The students, involved in the work, effectively conducted a "quality competition" between groups by producing high-quality teaching materials, distributing impactful infographics among their colleagues, and presenting the topics covered, including theatrical role-playing. The teaching method's results were consistent with some of the crucial activities of a medical

**Table 1.** *Moral Philosophy teaching program.*


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The Contract
The Errors of the Past and the Empathetic Relationship
The Time of Communication
Differing Cultural Approaches to Medicine
Evidence-Based Medicine and Narrative-Based Medicine
Narrative Medicine in the Digital Age
The Complexity of Health Organisation
Shared Care Planning and Simultaneous Palliative Care
The Epidemiological Transition and the Cure of Chronicity
Collaboration Between Different Care Professions
Hiv, Infectious Diseases and Vaccinations
Genome
Orphan Diseases and Medical Research
Coma and End of Life
Nutrition and Therapeutic Obstinatation
Transplants
Female Genital Mutilation
Health and Migration
International Projects, Cooperation and Ethics
Health and Ethics in the Use of Social Media
Ethics of Human Enhancement
Ethics of AI And Tele-Medicine
Health as a Human Right
Ethical Issues in Global Health

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**Table 2.** *Number of Moral Philosophy students per academic year.*


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2018/2019	n. 120 students
2019/2020	n. 180 students
2020/2021	n. 300 students
2021/2022	n. 420 students
2022/2023	n. 422 students
2023/2024	n. 600 students

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Figure 1. Manifesto for a series of Confecltures per academic year.

professional: group work, research, preparation of teaching materials, presentation of work, discussion of the investigation, and writing a publication. The course was highly appreciated by the students, who ultimately placed it first in the teaching rankings required by the University. The student satisfaction rate has always been above 90%.

During the pandemic, much of the teaching shifted to online teaching. This led to methodological changes that have

become more established over time.

We adopted different types of online learning:

- Real time online classes;
- Recorded lessons;
- Demonstration videos.

The online teaching had some advantages but mainly disadvantages. Among the advantages the increased possibility of interaction, without embarrassment to ask questions in the chat box.

When lessons were recorded, they could be revisited later, students could decide when to see them in the comfort of their own environment. On the other side, in case of recorded lessons, students can feel un-pressured and lazy, not watching the lecture, without interactivity, with unanswered questions.

In the post-pandemic and more recent period, there has been a significant increase in the number of enrollments in the medical degree course,

up to the current number of 650. Students have been divided into three channels, and this has made uniformity of instruction and interaction between teachers and students more difficult. We have introduced a new teaching format, to bring all students together on a monthly basis: the Confelectures (Figure 1) Confelectures are lectures/lessons held within the Moral Philosophy course in collaboration with invited experts. Given the commitment required of these experts and their professional relevance, Confelectures were scheduled on unified channels,

with the intention of extending the invitation to all health-care professionals in all years of the course. In any case, the lectures were recorded, with the permission of the speakers, to serve as teaching material for reuse. Furthermore, the study of moral philosophy has supported an interdisciplinary approach to various topics that intersect with health, such as migration and migration medicine.

### 3.1. Results and conclusion

Through the Moral Philosophy course, students are guided

in understanding the importance of ethical evaluation of any topic that may affect health.

From the teacher's perspective: two targets have been reached. First to stimulate the curiosity in a field completely unattended at the faculty of medicine and second to create their "own philosophical system" that they will later use as physicians.

From the students' perspective: to start a relationship of collaboration and discussion on different point of view regarding values.

## References

1. Seifert J. (2004), *The Philosophical Diseases of Medicine and Their Cure*, Springer, Dordrecht-Norwell (MA).
2. Sassower R. & Grodin M.A (1988), *Beyond medical ethics: new directions for philosophy and medicine*, «Journal of Medical Humanities and Bioethics», 9(2), pp. 121-34.
3. Stanford Encyclopedia of Philosophy, *Public Health Ethics*, first published Mon. Apr. 12, 2010; substantive revision Wed. Jul. 8, 2020, <https://plato.stanford.edu/entries/publichealth-ethics/>.
4. Frank A.W. (2014), *Narrative ethics as dialogical story-telling*, «Hastings Center Report», 44(1 Suppl.), S16-20, DOI: 10.1002/hast.263.
5. Almond B. (1988), *Philosophy, medicine and its technologies*, «Journal of medical ethics», 14(4), pp. 173-178.
6. Boccanelli A. & Pacifici Noja L.A. (Eds) (2020), *Health and Ethics. Moral Philosophy*, tab edizioni, Roma.