A recent survey of 1,662 medical doctors in the United States revealed that a substantial percentage of physicians’ behavior does not reflect ethical guidelines. The Accreditation Council for Graduate Medical Education (ACGME) in the United States requires residents to follow ethical principles. Teaching of medical ethics (ME) is usually carried out by didactic lectures or case presentations. Even in schools where ME education is well established, there is skepticism about the value of such teaching. Liaschenko et al also criticized overemphasis of the use of “the tragic case” to teach ME since this does not reflect real everyday practice. In the same paper, Liaschenko et al stressed the importance of emotions in human relationships.

Of the five medical schools in Lebanon, only two teach ME. In 1992, the American University of Beirut (AUB) started a 3-day course on ME. The course, which was coordinated by the Department of Family Medicine, was based on discussing cases, mainly “tragic cases.” This course was a big leap forward; however, some educators questioned its impact. A brainstorming session identified several ways to promote ethical conduct. The importance of good role models and continuous emphasis on ME were highlighted.

The Zooming in to Health Ethics committee (ZIHE) was founded in autumn of 2005 by a team of health professionals and students in the health field. Its main objective is to shed light on ethical issues pertaining to medicine on a continuous basis. Societies/departments involved in this project at the time of writing this paper are the Family Medicine Department; the Resident Staff Organization; the Internal Medicine Resident Society-Ciné Club Committee; the Lebanese Exchange Medical Students International Committee, represented by the Standing Committee on Medical Education; the School of Nursing; the Nursing Services Department; and the Nursing Student’s Society. The dean of the medical school and the chief of staff of the American University of Beirut Medical Center (AUBMC) supported ZIHE. The Department of Family Medicine at AUB committed itself to finance ZIHE activities as needed.

A poster announced each activity, and subsequent reminders were sent on pagers and by e-mail. The
activities started at 5 pm. An attendance sheet was available at the entrance of the projection hall. In addition to the name, the participant was asked to write his/her profession/title, and phone number/e-mail. The first activity, the film “Wit,” was launched in January 2006 after a press conference that was covered by the major newspapers in Lebanon. Between that time and May 2007, the committee projected five other films (see Table 1 for titles and suggested clips).

Selected faculty with special interest in the topic discussed were invited to moderate each session. The moderators answered the audience’s questions. At the end of the activity, an anonymous evaluation form was distributed to the audience. The form consisted of two parts. In the first section the respondent was asked to rate, using a 5-point Likert scale, her/his interest in the subject, suitability of the activity for teaching, relevance to own practice, how realistic is the material, and to what extent he/she benefited from the session. The second part of the questionnaire included open-ended questions, namely what did he/she like most and least and to state how such sessions can be improved.

Attendance varied between 56 and 143 people. The number of those who filled out an evaluation form ranged from 98 (67.6%) to 17 (16.2%). On average, 32.5% of the attendance were medical students and doctors; the rest were mainly from the nursing school and nursing services. Females were more likely to attend this activity (56.1%). The discussion lasted between 35 minutes to 1 hour. The budget of each activity was on average $325. The feedback on the six activities is shown in Tables 1 and 2. Selected comments are shown in Table 3.

The activities coordinated by ZIHE were well received by health professionals at AUBMC. This was expected, since there is now positive rich experience in using clips from films as a teaching tool in Lebanon and other countries. The World Medical Association, in its Medical Ethics Manual published in 2005, stated “Indeed, ethics itself is enriched by the insights and data of these other disciplines; for

<table>
<thead>
<tr>
<th>Table 1</th>
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<tbody>
<tr>
<td><strong>Summary, Themes Raised, and Time Counter of the Suggested Movie Clips</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Film</th>
<th>Summary</th>
<th>Opportunities for Discussion</th>
<th>Time Counter</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Wit”</td>
<td>An English professor with end-stage cancer is a subject of interest for research.</td>
<td>Informed consent, autonomy, ethics of research, physicians and other health professionals</td>
<td>0:00:00–0:04:06 0:57:45–1:11:40 1:26:00–1:30:30</td>
</tr>
<tr>
<td>“The Doctor”</td>
<td>The attitude of a surgeon who teaches residents to distance themselves from emotions and makes fun of his patients changes once he develops a tumor.</td>
<td>Confidentiality, truth telling, health systems, medical error, whistle blowing, organ donation, cultural differences, receiving gifts from patients</td>
<td>0:05:25–0:07:34 0:19:05–0:23:55 0:51:20–0:56:12 0:59:20–1:03:10 1:32:40–1:35:06 1:50:40–1:54:00</td>
</tr>
<tr>
<td>“Side Effects”</td>
<td>A political science graduate works as a drug representative. She has to choose between a lucrative life and concealing the side effect of a new drug.</td>
<td>Truth telling, malfeasance, research ethics, gifts from the drug industry</td>
<td>0:02:10–0:11:10 0:15:35–0:17:36 0:18:34–0:20:20 0:36:45–0:40:44 0:51:26–0:57:33 0:59:24–1:05:23 1:14:16–1:16:37 1:20:37–1:26:04</td>
</tr>
</tbody>
</table>
Table 2

Evaluation of Activities Using the Likert Questionnaire*

<table>
<thead>
<tr>
<th>Activity (Evaluation Number, Percentage)</th>
<th>Interest in Subject</th>
<th>Suitable for Teaching</th>
<th>Relevancy to Practice</th>
<th>Realistic</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Wit” (98, 67.6%)</td>
<td>4.7</td>
<td>4.3</td>
<td>4.4</td>
<td>4.3</td>
<td>4.4</td>
</tr>
<tr>
<td>“The Sea Inside” (62)</td>
<td>4.6</td>
<td>3.8</td>
<td>3.5</td>
<td>4.0</td>
<td>4.5</td>
</tr>
<tr>
<td>“The Doctor” (45)</td>
<td>4.6</td>
<td>4.4</td>
<td>4.4</td>
<td>4.5</td>
<td>4.0</td>
</tr>
<tr>
<td>“Side Effects” (25, 44.6%)</td>
<td>4.1</td>
<td>3.5</td>
<td>2.8</td>
<td>3.6</td>
<td>3.1</td>
</tr>
<tr>
<td>“The Constant Gardener” (22, 29.3%)</td>
<td>4.6</td>
<td>4.3</td>
<td>3.9</td>
<td>4.5</td>
<td>4.3</td>
</tr>
<tr>
<td>“Talk to Her” (17, 16.2%)</td>
<td>4.0</td>
<td>3.8</td>
<td>3.3</td>
<td>3.6</td>
<td>3.3</td>
</tr>
<tr>
<td>Average for all activities</td>
<td>4.4</td>
<td>4.0</td>
<td>3.7</td>
<td>4.1</td>
<td>3.9</td>
</tr>
</tbody>
</table>

* 1=strongly disagree, 5=strongly agree

Table 3

Selected Comments of the Audience

“Wit”
1. “Makes us think and hopefully act.”
2. “Puts reality in our face.”
3. “The initiative is important since medical ethics should be discussed throughout a medical education and not only med III (I’m a med I student).”
4. “As a med student I think I learned many things (how not to treat patients...).”
5. “The movie replaced a lecture.”
6. “It is an attempt to change an attitude, to change the way we are used to do things.”

“Timing: medical students busy preparing for their exams.”
“Discussion is difficult in a large group.”
“Medical workers are not that monstrous.”

“The Sea Inside” (Spanish movie)
1. “That you brought a priest and a sheikh.”
2. “Good film, informative message, and everlasting conflict to be solved.”
“Factual example.”

“The Constant Gardener”
1. “Euthanasia is reflected as legal and inevitable in terminal illness, which is very far from all religions.”
3. “The discussion that relies on direct scientific logical compassion versus ideas that are like wood; religious and non-logical.”

“The Doctor”
1. Triggers thoughts and questions, “Am I like this as well?”
2. “It makes me realize that doctors are busy and not hard.”
3. “It enables health care team to see how medical ethics affect quality of care.”
4. “Shows the pressure put by insurance companies.”

“The film sometimes exaggerates.”
“None of the insurance companies were present.”
“Need more oriented discussions.”

“Side Effects”
1. “Highlights very important subject; relationship between drug reps and physicians.”
2. “Raises issues for discussion.”
“Simple, clear, and sweet.”
“Doctors should refuse gifts that are beyond ‘token value’—pen, lunches OK—holidays not OK.”

(continued on next page)
example, a theatrical presentation of a clinical dilemma can be more powerful stimulus for ethical reflection and analysis than a simple case description.7

The films were all relevant to the practice of those who attended. “Side Effects,” which tackles the issue of drug representatives, had the lowest score when compared to the other five films. This is because the majority of the attendees were nurses who do not get exposed to drug representatives.

The depicted films did not simply present a “tragic case.” All of them stressed emotions—patient-doctor, and/or inter-health professional, and/or institution-patient/family relationships—facts neglected by several modules that teach medical education.4 This was clearly reflected in several of the audience comments. The films cited also showed negative role models. Portrayal of negative qualities in health professionals was advocated to be a helpful teaching tool.8

The continuous involvement of students and faculty, mainly the nurses, over 17 months indicates the need for emphasizing ethical issues. Nurses spend more time with patients than physicians and are more likely to observe the interaction between the caretaker and the caregiver. Attendance by medical students, residents, and doctors was low. This could be due to their busy schedule and to the fact that this activity is not part of the formal curriculum. They also may think that this is not an important topic. Evaluations were filled out by a low percentage of those who attended some of the activities. This is attributed to the fact that many left at the time of the discussion and did not complete the evaluation form.

The Constant Gardener
1. “Exposure to important reality.”
2. “Perfect activity.”
3. “Humanistic touch of the film.”
4. “Discussion after the film.”
5. “Very relevant to current power misuse in the world.”
6. “Really showed ethical views on research conduction.”

2. “Further advertisement needed.”
“Choose panelists who are versed in ethical issues.”
“Audio was poor.”
“We should give solutions; how we can help those people.”

Talk to Her (Spanish film)
1. “It provides awareness to health ethics in an enjoyable method rather than sitting in a class listening to a lecture.”
2. “Discussions after the film.”
3. “It is a daring film.”
4. “Relevance to clinical life.”
5. “It involves (the activity) diverse audience.”

2. “The language of the film; prefer films to be in English.”
“Open Moodle forum online for further discussion.”
“Different timing (earlier).”

1—Liked most about activity, 2—Liked least about activity and suggestions for improvement

ZIHE is lobbying for having the selected clips incorporated within the curricula of the nursing and medical schools. At the time this paper was written, the assistant dean for medical education agreed to work on incorporating all ZIHE activities into the 4-year medical school program. Other future plans for ZIHE are to transform it from a committee to a club that will be led by students in different health specialties. The faculty on the committee will act as advisors to ZIHE and as a liaison between ZIHE and the ethical committee at the AUBMC.

In summary, using clips from selected films looks to be a promising way of teaching medical ethics. The various films used cover the main principles of medical ethics without neglecting emotions and relationships between caretakers and caregivers. This initiative,
which was facilitated by faculty at AUBMC, became more a students’ concern.

Acknowledgments: We would like to acknowledge the support of the dean and the chief of staff of the AUBMC. This continuous activity would not have been possible without the help of ZIHE committee members and the efforts of those who moderated the several sessions.

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