

**THE TAMIL NADU Dr. M.G.R. MEDICAL  
UNIVERSITY, CHENNAI -600 032**

**REGULATIONS OF THE M.Sc. (BIO-ETHICS)**

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**REGULATIONS OF THE M.Sc. (Bioethics)**

**(POST-GRADUATE DEGREE COURSE UNDER ALLIED HEALTH  
SCIENCE)**

In exercise of the powers conferred by Section 44 of the Tamil Nadu Dr.M.G.R.Medical University, Chennai Act 1987 (Tamil Nadu Act 37 of 1987) the Standing Academic Board of the Tamil Nadu Dr.M.G.R.Medical University, Chennai hereby makes the following regulations:-

**1. SHORT TITLE AND COMMENCEMENT:-**

These regulations shall be called as “THE REGULATIONS FOR THE MASTER OF SCIENCE (**BIO-ETHICS**)” OF THE TAMIL NADU DR. MGR MEDICAL UNIVERSITY, CHENNAI.

They shall come into force from the academic year 2017-2018.

The Regulations and the Syllabus framed are subject to modification from time to time by the Standing Academic Board.

**2. ELIGIBILITY FOR THE COURSE**

The candidates who possess Degree in the following are eligible to get admitted into the course of M.Sc. (Bio-ETHICS)

1. MBBS
2. M.Sc. (Nursing)
3. MOT & BOT
4. MPT & BPT
5. AYUSH - UG
6. BDS
7. B.Sc (nursing) / Post Basic Nursing

### **3. OBJECTIVE OF THE COURSE:**

The objective of M.Sc., Bio-Ethics Programme is to promote knowledge in Bio-Ethics . The aim of the Programme is to train medical, nursing and allied health professionals so as to equip them with knowledge and skills to

- a) Analyze the ethical aspects of clinical situations
- b) be a competent IRB member
- c) teach Bioethics to medical, nursing and paramedical students.
- d) analyze the ethical issues around public health policies

This programme includes a practicum, involving collaboration between health science professionals and students. A small group of students work under faculty supervision with one or more investigators. Each student in the programme has an academic advisor.

### **4. COMMENCEMENT OF THE COURSE**

The academic year for the M.Sc. (Bio-Ethics) Post-graduate Degree course shall commence from 1<sup>st</sup> September of every year and the candidates admitted upto 30<sup>th</sup> September of every year will be registered for the course.

### **5. DURATION**

The duration of the M.Sc. (Bio-Ethics) course is two years and the students should complete the course in 4 years of time (double the duration), failing which he/she will be discharged from the course.

### **6. ELIGIBILITY CERTIFICATE**

The candidate who has passed any qualifying examination as stated in Regulation No.2 above candidates from other than the Tamil Nadu Dr. MGR Medical University, shall obtain an "Eligibility Certificate" from this University by remitting the prescribed fee the application form along with Eligibility Certificate and required documents needs to submit anyone of the affiliated medical institutions for admission. The application form is available in the University website ([www.tnmmu.ac.in](http://www.tnmmu.ac.in)).

## **7. CUT-OFF DATE FOR ADMISSION TO EXAMINATIONS**

The candidates admitted upto 30<sup>th</sup> September of every year shall be registered to take up their First Year examinations after fulfillment of the regulations from 15<sup>th</sup> October of the next year. All kinds of admissions shall be completed on or before 30<sup>th</sup> September of the academic year. There shall not be any admissions after 30<sup>th</sup> September, even if seats are vacant.

## **8. ATTENDANCE REQUIRED FOR ADMISSION TO EXAMINATIONS**

- a) No candidate shall be permitted to appear in any one of the parts of M.Sc. (Bio-Ethics) course in Examinations unless he/she has attended the course in all the subjects for the prescribed period in an affiliated institution recognized by this University and produce the necessary certificate of study, attendance and satisfactory conduct from the Head of the institution.
- b) A candidate is required to put in a minimum of 90% of attendance out of 270 working days for both theory and practical
- (c) A candidate lacking in the prescribed attendance and progress in any one subject in theory and practical wherever necessary in the first appearance shall not be permitted for admission to the entire examinations.

## **9. Condonation of Lack of Attendance**

There shall be no condonation of lack of attendance.

## **10. Working days in the academic year**

**Total No. of days in a year**      365 days

No. of weekly off (Sundays) - 52 days

No. of Government Holidays - 22 days

No. of Holidays - 21 days

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95 days

Total No. of working days including  
Examination period

270 days

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Each academic year shall consist of not less than 270 working days.

### **11. EXAMINATIONS:**

October 15<sup>th</sup> / May 15<sup>th</sup>

There shall be two qualifying examinations, one at the end of the I year and the other at the end of the II year. A candidate will be permitted to appear in second year examinations, only if he/she passes all the first year subjects.

### **12. QUESTION PAPER PATTERN:**

PART – A - Essays = 2 x 10 = 20 marks

PART – B - Short Answers = 10 x 6 = 60 marks

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**Total = 100 marks**  
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### **13. DISSERTATION**

Dissertation shall be submitted by the candidate three months before the final and second year examinations. For Dissertation Marks 200, Viva-voce on Dissertation/Presentation Marks 50 and IA 50 – Minimum mark to pass 150. Total 300.

Two copies of the evaluation report of the dissertation should be submitted by the Examiners to the Controller of Examinations of this University.

If the candidate fails in the Written/Practical examination, but his/her dissertation is approved(passed), the approval of the dissertation shall be carried over to the subsequent examination.

A candidate failing in either theory or practicals will have to reappear for theory, practicals and Viva voce to be able to clear the examination in subsequent attempt. However, the dissertation, if approved(passed), need not be submitted again.

## **14. COURSE OF STUDY**

### **First Year**

Paper - I	Philosophy and theories
Paper - II	History, Religion and bioethics
Paper - III	Epidemiology and Biostatistics
Paper - IV	Law and Global health ethics, Public health policy

### **Second Year**

Paper – I	Research ethics
Paper - II	Clinical ethics
Paper -III	Curriculum development and teaching bioethics
Paper -IV	Dissertation

## **15. SCHEME OF EXAMINATIONS**

### **Examination Pattern - I year**

Paper	Subjects	Internal Assessment (IA)		Theory		Practical		Viva Voice	
		Max	Min	Max	Min	Max	Min	Max	Min
I.	Philosophy and theories	50	25	100	50	150	75	50	25
II	Religion and Bioethics	50	25	100	50				
III	Epidemiology and Biostatistics	50	25	100	50				
IV	Law and global health ethics	50	25	100	50				

### **Ist Year**

If the candidates fails in Practical /Viva should write all the Four papers again.

### Examination Pattern - II year

Paper	Subjects	Internal Assessment (IA)		Theory		Practical		Viva Voice	
		Max	Min	Max	Min	Max	Min	Max	Min
I.	Research ethics	50	25	100	50	150	75	50	25
II	Clinical ethics	50	25	100	50				
III	Public health policy	50	25	100	50				

Dissertation	200
Viva	50
IA	50
Total	300
Passing Minimum	150

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## **MSc BIOETHICS**

**1). Preamble:** The recognition of the need to develop bioethics as a separate field is due to several factors. Prominent among them are the increasing complexity of medical care, difficult decisions required by availability of new technology and the advent of managed care. Changes in the demography of patient populations due to longer life expectancy, increasing migration and a mixing of the races/castes has also resulted in moral and ethical relativism. These have changed the landscape of the doctor-patient relationship, with several recent high profile cases highlighting ethical issues. On the other hand, there are also numerous less prominent issues that doctors face in their day-to-day care of patients. These may not result in media attention, but if ethically resolved, have the capacity to tremendously improve the patients' experience and decrease physicians' moral distress. The recognition of these facts led to the inclusion and development of Bioethics curricula in different medical schools, but mainly in the west.

India is home to one-sixth of the world's population. Despite the rapid economic growth of the past decade, vast disparities in health equity exist. The country is a study in contrasts, with world-class medical care available to those who can pay, and high infant and maternal mortality rates in many states, pointing to the high levels of expertise in some areas and a parallel lack of ability to deliver basic antenatal and immunization needs in others. Although the principles of autonomy, justice, beneficence and respect for persons apply to all of humankind, understanding individual and community reasoning and belief systems is necessary for the ethical practice of medicine. These beliefs and decision-making processes are based on society, culture and religion, and in no single country is there as much diversity as in India.

Adding to the complexity, India also has multiple systems of medicine, including those of Indian origin, such as Ayurveda, and those from other parts of the world. With 350 medical schools, producing 40,000 doctors annually and more than 1,000,000 practitioners of alternative and complementary medicine, who receive no instruction in ethics, there is a huge training need. With

increasing media and public attention to ethical issues in clinical practice and medical research, bioethics is now of public interest. The Medical Council of India (MCI), the Indian medical regulatory and licensing body, recently mandated that bioethics be included in the foundation course taken at entry by all medical students, and is considering making bioethics a larger part of the medical curriculum. However, most doctors who currently practice have received little, if any training in Bioethics. This course aims to train people with a medical background to be bioethicists who can then influence the development and teaching of ethics in the country.

**The following are the core-principles or priorities in the Bioethics course and training.**

**A well trained Bioethicist :**

1. Has a high degree of ethical sensitivity
2. Can recognise and identify ethical dilemmas in a clinical encounter,
3. Can analyse an ethical dilemma and come to a conclusion
4. Understands and can apply the various theories and principles of bioethics
5. Can scrutinise and identify health, administrative and public health policies to identify ethical issues
6. Can develop and teach a curriculum in Bioethics for their field of medicine
7. Can identify ethical issues in a research proposal and suggest appropriate methods to ensure ethical conduct of biomedical research

**3). Opportunities available after the course :**

On completion of the MSc in Bioethics, a graduate can be employed as a Bioethicist in a hospital, can serve as the Bioethicist in an IRB. The trained ethicist can influence the development of bioethical ethical research and influence the conduct of research with a high degree of adherence to ethical principles. They can help design and teach bioethics in medical, nursing and allied health colleges. They can be involved in the development of policies in administrative levels, in the government and in hospitals to ensure that policies are made ethically.

**4). Eligibility for this defined course: MBBS, MSc (nursing), MOT, MPT, BDS, AYUSH, BOT, BPT, B.Sc. & Post Basic B.Sc. Nursing.**

**5). Minimum Standard Requirement (Please refer PG Regulation, 2000 available on MCI Website)**

**To run this course the following are the minimum requirements:**

- Department of Bioethics
- Well functioning IRB
- Clinical Ethics Committee

- at least one qualified person with a Masters in Bioethics
- Staff trained in short term courses in Bioethics
- should be based in a Medical College / Medical University

6). **Curriculum – Contents and should be divided into Cognitive/Psychomotor/Affective Domain.**

### **SUBJECT SPECIFIC LEARNING OBJECTIVES**

#### **Goal**

The **goal** of the degree course in Bioethics is to produce Bioethicists who will have the competencies and professional orientation, to function effectively in the clinical field, in influencing biomedical research and in the teaching of Bioethics

Keeping the above job description of a bioethicist in mind, the **goal** of the postgraduate course is to provide training to impart the following competencies, and attitudes, which are described under five domains:

Domain 1: Knowledge / Cognitive

Domain 2: Skills / Competency

Domain 3: Attitude

#### **Domain 1. Knowledge**

The student should have be familiar with:

- 1.1 The historical development of clinical and research ethics.
- 1.2 The guidelines, codes and regulations governing biomedical research
- 1.3 The various theories and principles of bioethics
- 1.4 The essentials of epidemiology and biostatiscs
- 1.5 The methods of curriculum development and teaching bioethics

With the above generic competency, the bioethics graduate should possess the ability to deal with ethical dilemmas in a holistic and comprehensive manner in a heterogeneous milieu of people and problems. The specific skills are listed below:

#### **Domain 2. Skills**

The student should possess the following competency and skills required as listed below:

- 2.1 Can identify ethical dilemmas in a clinical encounter and use frameworks to propose solutions to ethical dilemmas.

- 2.2 Can analyze and identify ethical issues in the planning conduct analysis and reporting of biomedical research, and suggest methods to endure ethical conduct of research.
- 2.3 Can design an ethics curriculum in their parent medical field, and effectively teach bioethics to various specialties of people in the medical field.
- 2.4 Can analyze policies in hospital management, recourse allocation and public health to identify ethical dilemmas and suggest remedies.

### **Domain 3. Attitude**

- 3.1 To demonstrate an high degree of ethical sensitivity
- 3.2 Demonstrates an ability to respect and acknowledge different cultures, beliefs and religious views
- 3.3 Develops an empathetic point of view to people from all backgrounds
- 3.4. To recognize the increases for protection for people with vulnerabilities and from marginalized parts of society

## **CURRICULUM**

1. The student should have the **knowledge of philosophy, theories, codes, guidelines and regulations appropriate to bioethics.**
2. The student should be able to demonstrate ethical sensitivity in clinical and research situations.
3. The student should be able demonstrate theoretical knowledge and apply it in clinical and research situations when there is an ethical dilemma.
4. The student should be able to assess the learning needs of a field of medicine, have the skills to perform a needs assessment, design and implement a bioethics curriculum.
5. The student should have the knowledge and skills to analyse policies and comment on the ethics of the policies.

### **A. Subject 1: Philosophy and Theories of Bioethics**

#### **Modules:**

1. Consequentialism: Mills Utilitarianism:
2. Deontology: Kantian Ethics

3. Virtue ethics: Aristotle's moral theory
4. Social contract theories: John Rawls theory
5. Moral relativism
6. Principlism

**Domains:**

**Knowledge:** the student will be able to discuss the various theories of bioethics and their relevance to current situations in clinical and research ethics

**Skills:** the student will be able to apply the theories of bioethics to defend and justify ethical stands or solutions to dilemmas

**B. Subject: History, Religion and Bioethics**

**Modules:**

1. Ancient civilizations and the development of ethics- Indian, Chinese, Greek
- 2.. The development of ethics after the World Wars
3. Modern research ethics, codes guidelines, regulations
4. Development of clinical ethics
- 5.Role of religion in ethics
  - a. Islam, Hinduism, Christianity, Jewish
6. Culture and bioethics
  - a.Indian culture and its influence. African ethics, Western civilizations

**Domains:**

**Knowledge:** the student will know the basic tenets of different religions and its practical implications in decision making in ethics

**Skill:** To use knowledge of different religions to suggest possible solutions to bioethical dilemmas

**Attitude:** To listen and understand in a non judgmental atmosphere, to accept solutions which may not be ideal but best for the stakeholders involved

**C. Subject: Epidemiology and Biostatistics**

**Modules:**

1. Design and carry out an epidemiological studies
2. Reliability and validity of instruments (tests) from data provided
3. Relevant measures of association and potential impact
4. Evaluate critically journal articles (adequacy of the design, potential sources of statistical and non-statistical errors and validity of conclusions)

**D. Subject: Law and Global health ethics, Public health policy**

**Modules:**

1. Indian law and its implications on clinical medicine and Research
2. Disparity in health, health care and access to health
3. Disparity in resource allocation for health, Macro, meso and micro levels
4. Research in developing countries
5. Public health policy and resource allocation
6. Ethical Analysis of policies

**E. Subject: Research ethics**

**Modules:**

1. IRB and its functions
2. Ethical issues in clinical research

3. Vulnerable populations
4. Risks and benefits
5. Authorship
6. Human protectionism
7. Contemporary issues in research ethics

**Domains:**

**Knowledge:** the student will know the codes, guidelines and regulations governing research

**Skill:** to evaluate a research proposal for ethical issues, to do a risk benefit analysis

**Attitude:** to appreciate the need for protection of human subjects, to recognize the potential for harms in research

**F. Subject: Clinical ethics\_**

**Modules:**

1. Functions of a clinical ethics committee
2. Ethical issues at the end of life
3. Ethical issues at the beginning of life
4. Reproductive medicine and ethics
5. Contemporary issues in bioethics
6. Resource allocation
7. Euthanasia

## 8. Professionalism

### **Domains:**

**Knowledge:** the student will be familiar with common frameworks, the principles and theories of medicine

**Skill:** To use knowledge of theories , frameworks and laws to suggest possible solutions to ethical dilemmas

**Attitude:** To listen and understand in a non judgmental atmosphere, to accept solutions which may not be ideal but best for the stakeholders involved

### **G. Subject: Curriculum development and teaching bioethics**

#### **Modules:**

1. Types of curricula, development of curricula
2. Teaching methods
3. Learning methods
4. Methods of assessment

## 7). **TEACHING AND LEARNING METHODOLOGY**

(Lecture, Discussion, Student Directed Learning, Case Based Learning, Role Playing, Simulated Patient Lab, E –learning, Web Based)

### ***TEACHING AND LEARNING METHODS***

In addition to didactic methods it is advised that a variety of other methods should form the core of the training process. These methods are characterized by being student-directed and therefore active, more analytical, rather than teacher-directed passive methods.

The suggested teaching and learning activities include:

1. Maintaining log books and portfolios
2. Lecture cum demonstration

3. Small group discussion
4. Seminars, case presentations
5. Case-Based Learning
6. Role Play
7. Simulated patient experience; electronic and computer Simulators
8. Web Based

The teaching and learning activities should be organized primarily around the clinical case material being seen on a daily basis. This will ensure that the learning is contextual, and that it is continuous.

1. Small group teaching /learning activities are the main methods to be used. These include: case-based discussions, seminars, , assignments, projects, and problem-solving activities, home visit, are other examples. These are best organized in the teaching hospitals, but if the district hospitals have the trained faculty then teaching can be planned there as well. Practical training includes chart audit, skills training workshops in ACLS, BCLS, acute neonatal care, acute trauma care and acute obstetric care.
  2. Didactic teaching is required for basic science concepts as well as core topics in clinical subjects as deemed necessary. Lectures may be used to teach concepts and theories
  3. Self-learning methods are to be encouraged. Students should be directed to explore subjects and topics which are relevant to their work, thus providing context to the learning. Internet, and library facilities should be available. Assignments and project work is to be encouraged.
  4. Research: Each student has to engage in original research with the purpose of learning research methodology. A short dissertation on a relevant topic must be undertaken and completed as partial fulfillment of the course. A brief training course on research methodology should be imparted to the students by recognized experts.
1. The Log book and portfolios would be record of the training and learning activities. There must be regular meetings with the program coordinator by the student to discuss the various training issues.
  2. Medical Education: To develop future faculty of family medicine – all residents should be given an opportunity for MET training and development, if desired as a part of elective.

### **Practical training**

In order to be competent in practical ethics rather than merely possessing theoretical knowledge, the training should have a “hands-on” component as well.

In the second year the student will be posted in the Office of Research for a period of 2 months during which they will help with the scrutiny of research proposals, attend IRB and analyse the functioning of the IRB.

They will have a 2 month posting in the MS office to attend Clinical ethics committee meetings and review ethics cases.

They will be posted in the Department of Community Medicine for a period of two months to look at issues of resource allocation and policy analysis

Formative feedback should be provided to the students on a regular basis so as to make ongoing corrections in their learning. There must be a clear mechanism to ensure that log books are accurate and authentic.

**The completion of the log book would be an essential requirement to register for the final examinations.**

### **POSTING SCHEDULE**

#### **Year 1:**

<b>Posting name:</b>	<b>Duration:</b>	<b>Venue:</b>
Class room time, field Work and self directed learning	1 year	Medical College

#### **Year 2:**

<b>Posting name:</b>	<b>Duration:</b>	<b>Venue:</b>
Medical Research cell	2 months	CMC
Admin office	2 months	CMC
Community Health	2 months	CMC
Dissertation and elective	6 months	

**List of electives suggested:** Medical Research cell & Education, Public health,

## **ASSESSMENT**

The various domains of competence should be assessed in an integrated, coherent, and longitudinal fashion with the use of multiple methods and provision of frequent and constructive feedback. The domains are:

1. Habit of mind and behavior
2. Acquisition and application of knowledge and skills
3. Communication
4. Professionalism
5. Ethical reasoning and judgment in uncertain situations
6. Teamwork

## **METHOD OF ASSESSMENT**

1. Assessment by supervising clinicians: Global rating on rotation, Structured directed observation (Check list), Oral examination.
2. Direct Observation or Video review
3. Real life simulations (Standardized patients, OSCE, OSPE)
4. Multiscore 360 degree assessment: (Assessment by peers, other members of team, patients, self assessment).
5. Portfolio: Portfolios include documentation of and reflection about specific areas of a trainee's competence.
6. Written: MCQs single best answer and extended matching, Short answer, Structured Essay.

### **1. Internal assessment:**

Based on the methods of assessment elaborated above, the student should be given an assessment grade at the end of each posting by the teaching supervisor of the respective clinical department. If the student fails to achieve satisfactory grades at end of each year, he/she will need to undergo remedial training in the deficient areas. The log book should be evaluated by the supervisor in every posting and graded as satisfactory or otherwise. If the student has achieved satisfactory grades in the internal assessment, he/she is eligible to appear for the external examination.

Formative assessments:

- Internal/Formative/continuous assessment to be conducted on a regular basis
- Results of internal assessment to carry value during final exams (25%)
- Methods for internal assessment that may be used are: OSCE, observation of skills, seminar and

journal clubs, global rating at end of rotation using a checklist (Faculty, nursing and peers), (problem-solving ability)

- Log book evaluation- Daily recording of work and skills acquired (cases looked after, ,academic activities) need be done in log book which is to be certified by the supervisor on a weekly basis. This log book has to be submitted for scrutiny at the time of the final examination to all the examiners.

**B Thesis:**

Thesis is to be submitted by each candidate at least Three months before the theoretical and practical examination. The thesis shall be examined by a minimum of three examiners; one internal and two external examiners.

**FORMATIVE ASSESSMENT**

	<b>Competency</b>	<b>Method of Evaluation</b>	<b>Evaluators (s)</b>
<b>I.</b>	<b>Clinical ethics Ethics,attitudes,professionalism</b>	Case presentation	Supervising teacher
		OSCE	Teacher
<b>II.</b>	<b>Situation/Problem Based Learning</b>	Seminar /case presentations	Teachers
<b>III.</b>	<b>Research ethics</b>	Seminar/case presentation	Teachers

**2. SUMMATIVE ASSESSMENT**

	<b>Competency</b>	<b>Method of Evaluation</b>	<b>Evaluators (s)</b>
<b>I.</b>	<b>Practical</b>	OSCE /OSPE	Examiner
		Case exercise	Examiner
<b>II.</b>	<b>Knowledge</b>	Key-feature and problem solving	Examiner
		Short-answer questions	Examiner
		Structured essays	Examiner

**Composition of theory assessment:**

1. Structured essay questions : 15%
2. Short answer questions : 55%
3. Problem based/ analysis/ interpretation : 30%

**Composition of the Practical assessment:**

1. OSPE/OSCE : 30%
2. Viva voce : 20%
3. Cases / Exercises /Projects : 50%

Weightage of formative assessment in the final result : 40%

Final result = 40% of formative assessment + 60% of Summative assessment

**Recommended Reading****Essential Readings:**

1. Tom L Beauchamp, James F Childress. (2008) *Principles of Biomedical Ethics*.
2. Philip C Hebert – 3<sup>rd</sup> Edition. *Doing Right. Practical guide to ethics for medical trainees*
3. Albert R Johnsen, Mark Sielgler, William J Winslade . *Clinical ethics a practical approach to ethical decision in clinical medicine*

**Recommended Readings:**

1. Tom L Beauchamp, Jeffrey Khan, LeRoy Walters, Anna C Mastroanni. (2013) *Contemporary issues in Bioethics*.
2. Edmund D Pellegrino, David C Thomas. (1994) *The virtues in medical practice*.
3. Leon Kass. President's Council on Bioethics. 2003. *Being human. Core readings in the humanities* .
4. Malcom Gladwell. *The tipping point* .
5. Leon Kass. *Life liberty and the defence of dignity. The challenges of Bioethics*

6. [Steven H. Miles \(2004\).](#) *The Hippocratic Oath and the Ethics of Medicine*. Oxford University Press.
7. [Alastair V. Campbell \(1992\).](#) *Practical Medical Ethics*. Oxford University Press.
8. [Kerry J. Breen \(ed.\) \(2010\).](#) *Good Medical Practice: Professionalism, Ethics and Law*. Cambridge University Press.
9. [Michael H. Kottow \(1999\).](#) Theoretical Aids in Teaching Medical Ethics. *Medicine, Health Care and Philosophy* 2 (3):225-229.
- 10 [Alastair V. Campbell \(ed.\) \(1997\).](#) *Medical Ethics*. Oxford University Press.
11. [Robert D. Orr \(2009\).](#) *Medical Ethics and the Faith Factor: A Handbook for Clergy and Health-Care Professionals*. William B. Eerdmans Pub. Co..
12. [Donnie J. Self \(1983\).](#) A Study of the Foundations of Ethical Decision-Making of [Physicians](#). *Theoretical Medicine and Bioethics* 4 (1).
13. [Lisa Schwartz \(2002\).](#) *Medical Ethics: A Case Based Approach*. Wb Saunders.
14. [Alan G. Johnson \(2006\).](#) *Making Sense of Medical Ethics: A Hands-on Guide*. Distributed in the U.S.A. By Oxford University Press.
15. Dr. Erich H Lowery. Dr. Roberta Springer Lowery. Textbook of health care ethics – 2<sup>nd</sup> edition
16. David Rothman . Strangers at the bedside
17. Norman Daniesl, James E Sabin. Setting limits fairly
18. Chris Harm & Glen Robert . Reasonable rationing

