

The Role of Educational Programmes and Their Effect on Self-Education

An Example from Practice in the Context of Encountering Different Cultural Influences

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Abstract

The role of educational programmes and their influence on personal development (self-education) is indisputable. The aim of this article is to reflect on my personal experiences from a summer school completed in July 2023 at Oxford University. Using a very specific example, I try to explain the motivations that led me to attend the summer school and the possible practical effects in my professional and personal life. Numerous discussions and debates with colleagues from very different cultural backgrounds were very beneficial during my stay in Oxford. As part of these debates, reflection of practice, sharing of experiences, but also guided activities within the educational programme, I will try to describe several areas in which I observe contribution and benefit. Finally, I will use a practical example (essay) to show how the discussions in this course influenced me in thinking about problems and stimuli in my professional life while working on a development co-operation project in Kenya.

Keywords

self-education; summer school; Oxford University; multiculturalism; self-knowledge; motivation; development co-operation

Introduction and motivation to attend an international summer school

During the summer of 2023, I did a week-long residency at the University of Oxford. As part of the summer school organized by the Department for Continuing Education, I chose the topic Ethics and Economics of Healthcare. External and internal motivations led me to this topic, which overlap each other. In my professional life, I work as a doctor and at the same time as a university teacher at the Faculty of Medicine. I teach medical ethics and within that I am more interested in the issues of the allocation of scarce resources in healthcare in times of scarcity. Since I also work as the head doctor of medical student internships in a small hospital in Kenya, and also as the deputy project manager of this facility, I encounter the issue of resource allocation and the need to make decisions about scarce resources in the reality of clinical practice (Malý 2023). Working in these positions requires continuous further education. I think that attending these courses and other educational programmes is an integral part of this work and therefore I complete several of them every year. As part of this year's summer school at Oxford, I chose the Ethics and Economics of Healthcare course due to the need to orientate

myself in both areas separately, but at the same time to have a comprehensive overlap within the mutual interactions of these fields. During the course, I had the opportunity not only to discuss problematic topics with the course leader, but also with the other students, who were mostly specialists in sub-fields (medicine, nursing, economics, etc.). This enabled me to look at problems in larger contexts and from different perspectives. The participants came from different parts of the world and from completely different social, cultural, and economic conditions. Part of the course was to write two essays on a given topic. So I had the opportunity to combine my knowledge, skills and experience from working as a doctor in Kenya, in the Czech Republic, and also from the position of a teacher at the Faculty of Medicine, and to reflect on everything. It was a unique opportunity to discuss the challenges I face in the allocation of scarce resources in Kenya. In this regard, the summer school had a very practical impact on my thinking and sorting of thoughts on a personal and professional level.

Ethics and economics of healthcare – Oxford University summer school

This course was organized by the Department for Continuing Education, under the guidance of the tutor Mr Edward Hadas. He is a Research Fellow at Blackfriars Hall, Oxford University and a tutor with the Stanford University programme in Oxford. The aim of this course was to explore the interaction of the ethical challenges and equally hard economic ones in contemporary healthcare. Learning outcomes were the following – to understand: why the healthcare system is so expensive; how hard it is to decide how to allocate healthcare spending; the complex social interaction between expensive and inexpensive care; the ethical challenges of “preserving life and cost”; and how to compare British and American healthcare. Over the course of eight days, I completed 12 seminars which were thematically very diverse and always related to the mutual connection and integration of Ethics and Economics in relation to Healthcare. The seminars were suitably complemented by lectures. For illustration, the topics of individual seminars were: Why is health care so expensive?; Public health vs. Clinical medicine; Birth, death, and life at all costs; Tender loving care in an atomised society; Matching expertise to needs and desires; Medical nemesis: Do we have it all wrong?; How to ration a precious good; Placebos, effectiveness, and the best practice; Why do poorer people die younger?: The NHS: monolithic care; The US exception: excellence (maybe) and failure (certainly); and The response to Covid-19. The topics were very extensive and led to many discussions within the seminars, but also within the individual study groups after the seminars. One external teacher and a PhD student were also invited to the seminars. Part of the course was to write two essays on a given topic. The topic was chosen based on consultation with the tutor, always individually with regard to the background and experiences of the course participants. The subsequent evaluation of the essays was carried out as part of consultations and there was an opportunity to receive adequate feedback. We also consulted and discussed essay topics with other participants.

The topic of my essay was: Approaches to the Allocation of Scarce Resources in the Project ITIBO (Development Co-operation Project on Healthcare) in a Small Rural Hospital in Kenya.

Practical impacts and benefits on a professional and personal level

The practical impacts and outcomes of this course can be divided into two levels: professional and personal contribution. I will further divide the professional level into two areas that I deal with in my professional life: teaching and medical practice.

Benefit for pedagogical practice:

From the point of view of the contribution in the field of my teaching activity, I mainly perceive the possibility of seeing a different approach to teaching than the one I am normally used to. At our faculty, we normally have 25-35 students, often more, at each medical ethics seminar. In Oxford, I personally experienced seminars where there were only 10-12 students and the teacher has a greater overview of his students. He has more time to spend with each student individually as part of consultations and has the opportunity to provide each student adequately with high-quality feedback. The benefit is also the possibility to follow a different style of lecturing and conducting discussions at the seminar, as well as methods of student activation with the possibility of their greater participation in the lesson. The course topic itself was very complex. It was necessary to approach both areas (Ethics and Economics) in a very differentiated but at the same time comprehensive manner. I will further develop the new information and ideas from this course in my seminars with our medical students. The interrelationship of ethics and economics in healthcare is a very current topic, sometimes containing significant controversies and dilemmas. It is a good stimulus for the content of ethics seminars also at our medical school.

Benefits for medical practice:

Here the benefit is very extensive. The main topic is the need for a comprehensive assessment of problems with the allocation of scarce resources – the need to consider not only medical indications, but also patient preferences, quality of life, and contextual characteristics. It is a method of consideration with regard to specific clinical situations. From the point of view of working for the position of deputy project manager in Kenya, the topic of adequate allocation of funds is very important. I will elaborate on this topic further below using a specific example from my practice.

Benefits on a personal level:

These were: knowing oneself; how a person reacts in a discussion and debate; how he reflects new views that he personally does not like; how one's own beliefs, worldview or personal faith play a role in arguing complex and dilemmatic situations. Personal conversations with some of the course participants were also very stimulating. I also came to know the Oxford University environment better, which is very inspiring in itself.

An example from practice in the context of encountering a different cultural influences.

In the essay below which I wrote as part of the course, I described how stimulating debates, discussions, and consultations have influenced my thinking and reflexion about the topic in the context of clinical practice in Kenya. Here, the professional and personal, as well as pedagogical and medical levels overlap.

“Approaches to the allocation of scarce resources in the project ITIBO (development co-operation project on healthcare) in a small rural hospital in Kenya”

The ITIBO project has been operating under the auspices of the non-governmental organization ADRA CR in Kenya since 2005 and is focused on providing health care and educating local personnel. Over 10,000 patients visit this facility annually. Local staff and nurses work in the inpatient-outpatient department. The medical facility also includes an operating theatre, an intensive care unit, an X-ray machine, and an ambulance for the treatment of HIV patients. The doctor is not permanently present.

In this essay, I rely on available data from the World Bank, data obtained from the medical records of patients in Itibo, and my own experience from clinical practice in Kenya (10 years). The development co-operation project in Itibo is financed from multiple sources in order to ensure its sustainability. One of the sources is health insurance: in Kenya, according to various sources, about 20% of the population has insurance. Individual areas differ significantly (40% in Nairobi, but districts in the north of Kenya up to 0.2% by 2015). In reality, approx. 15-20% of patients who come to our hospital are insured. Another source is self-payers, being approx. 80% of patients (care cannot be provided for free due to sustainability reasons; the fee has a regulatory function and it is also an important source of income from which we pay local health workers employed in the hospital). ADRA Kenya and ADRA ČR also partially contribute to the operation of the facility. This is funding from donors in the Czech Republic. The use of these funds is fully under my control, and other income is decided by the local Clinical Officer. The aim of this essay is to describe how we try to work in this healthcare facility with scarce resources (personnel capacity, material and financial) with regard to the effectiveness of the care provided.

In this context, I understand by scarce resources not only financial resources but also personnel capacities and material equipment of this medical facility. As part of clinical practice in this healthcare facility, ethical issues can be viewed within the framework of the well-known four-level approach – medical indications, patient preferences, contextual characteristics, and quality of life. It is also necessary to mention the general framework in terms of the four principles of medical ethics – so-called principlism as a starting point, direction, and inspiration in clinical practice (Jonsen, 2010). The ethos of the entire particular Itibo health facility, with a strong influence of the tradition of Christian ethics, has a significant role and influence on decision-making and consideration. Communication and a personal approach to a specific patient play an irreplaceable role. It is about mutual respect and respect for a different culture. It is about goodwill, the good of the other person and the effort to help him. I therefore believe that it is necessary to emphasize not only the role of personal ethics, but also institutional ethics.

The two planes overlap and interact with each other. Economic issues are closely related to ethical ones. We place great emphasis also on the preventive area. We try to visit local primary schools, and educate residents in cooperation with local staff, all with a strong accent on the specifics and differences of the local culture. As part of the complex work with the local community, we strive for mutual reciprocity (help with health problems and education on the one hand, and on the other hand it is an opportunity to understand a different culture and approaches for our medical students and doctors).

Many patients (self-payers, approx. 80% of patients in our facility) do not really have the finances for adequate care. They seek funding from relatives and friends. Fees in our medical facility are low compared to surrounding facilities. On average, 2-3 times a week we have to decide whether we will provide care despite the fact that the patient has no adequate finances. We are trying to reduce the number of necessary tests and examinations. It is always a matter of providing the maximum possible that we are able to provide in the given situation and under the given circumstances. Very often we are forced to compromise in these situations. In exceptional situations, we will provide more funding from donors from the Czech Republic, knowing that this is an exceptional situation. This is often also a problem of a lack of specialists. It places high demands on doctors as they have to deal with situations and diagnoses that they do not know so well from other environments and that they are not used to.

We have a shortage of CRP tests (C-Reactive Protein, a marker of inflammation that can help us decide on antibiotic treatment). I know I have the last five tests, the new shipment will be in a week. The point is that we need to use these tests much more judiciously and, if possible, help ourselves with another method, which is not so sensitive and adequate (e.g., another blood test). If possible, we can refer patients to another facility where they have the tests. It is about adequately evaluating medical indications, quality of life, patient preferences, and contextual characteristics. This consideration is not always simple and requires a lot of knowledge, experience, attitudes. Mainly basic ethical principles play a role here, but also clinical experience, knowledge of local specifics, guidelines, and recommendations of the Kenyan Ministry of Health (see, for example, the list of literature below) and much more. This is often very complex decision-making, which can be very difficult to objectify in the sense of evidence-based, which is a big problem. In my view, in addition to widespread and popular ethical theories (e.g., utilitarianism), virtue ethics also plays a role here. I am aware of all the negatives and the positives that these arethological concepts have (see, for example, Beran, Cívik, Pacovská, 2022), but in a specific situation with a specific patient, there will always be a certain risk and a level of responsibility that the doctor will have to take on. There are many arethological concepts: virtue ethics is a very broad concept. Here I rely on the well-known classical concepts of Aristotle and Thomas Aquinas. There is no space here to focus on these approaches more deeply. From many points of view, the big disadvantage of virtue ethics can be precisely that it is based on trust and on who the *virtuous person* is, what he should look like. Critics therefore accuse these arethological concepts of ambiguity and tendencies towards so-called *situational ethics*.

The *Ethics of reverence for life*, as Albert Schweitzer perceived and testified with his life, is difficult to describe in words (Oermann, 2015). It is a question of a deeply human, lived experience, an essential dialogue. Here one touches something that transcends all models, methodologies, schemes, which transcends even himself. It cannot always be calculated, predicted, as our Cartesian model of the world is insufficient for this (the Cartesian model is about the principles of Descartes' philosophy; the main themes are clarity and precision as criteria of truth, a mechanistic interpretation of nature, dualism of spirit and body, rationalism). This too is an integral part of medical practice in Kenya as well as in the Czech Republic or anywhere else in the world. Ethics is a practical philosophy, it is about practice, but it is itself a theory (there is both theory and practice). I believe that if we try to adhere to the *Ethics of reverence for life* in situations where we make decisions about the allocation of scarce resources, we will eliminate the risk of making bad decisions.

"I wish none of this had happened in my time," said Frodo.

"So do I," said Gandalf, "and so do all who live to see such times. But that is not for them to decide. All we have to decide is what to do with the time that is given us."

(J.R.R. Tolkien, *Lord of the Rings*)

In Oxford, 11th July 2023

Conclusion

Training, in the meaning of *paideia* (and education, as an integral part of it), are inseparable concepts that accompany a person throughout his life. Of the many influences involved in self-education, continuing education is a significant component. It can be said that it is an integral part of the "care of the soul" (from the Latin: *cultura animi*; Greek: ἐπιμέλεια περὶ τῆς ψυχῆς) which is so necessary nowadays. In this article, I wanted to point out the necessity and importance of self-education for personal and professional life, using a concrete example – attending summer school at Oxford University. I believe that it is the cultivation of virtues in the sense of *virtus viribus*, as A. M. Boethius writes in the book *The Consolation of Philosophy*: "shining with his powers, he does not allow himself to be overcome by difficulties". Just like training and education, which take place throughout life and are an integral part. I see the main advantages of attending continuing education and self-education courses mainly in the form of an inclusive and ethically complex approach to decision-making. It is about receiving feedback from other course participants and reflecting on your own thoughts and approaches to decision-making with a certain distance.

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