



The Importance of Integrating Medical Ethics into Psychiatric Education: Experience from Ethics-Enriched Morning Reports

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Dear Editor,

Psychiatry inherently operates at the interface of medicine, ethics, and society. Ethical considerations are integral to daily psychiatric practice, encompassing issues such as patient autonomy, assessment of decision-making capacity, confidentiality, involuntary treatment, use of coercion, and professional boundaries (1). Despite the ethical complexity of psychiatric care, the integration of medical ethics into psychiatric education often remains fragmented and insufficient. We wish to highlight the importance of embedding ethics education within routine psychiatric training and to share our experience conducting psychiatric morning reports with the active involvement of a medical ethics specialist. Conventional approaches to ethics education in psychiatry frequently rely on isolated lectures or short-term courses, which may inadequately prepare trainees for the nuanced and context-dependent ethical challenges encountered in clinical practice. Ethical decision-making in psychiatry is rarely abstract; instead, it unfolds within complex clinical scenarios involving vulnerable patients and competing moral obligations. Foundational ethical frameworks, such as respect for autonomy, beneficence, nonmaleficence, and justice, must therefore be taught in close connection with real clinical experiences to be meaningfully internalized (2). To address this gap, we conducted a series of psychiatric morning reports in which a medical ethics specialist participated alongside psychiatrists and trainees. During these sessions, clinical cases were presented as usual, but explicit attention was paid to identifying and analyzing their

ethical dimensions. Topics such as informed consent, capacity evaluation, risk management, cultural sensitivity, and moral justification of clinical decisions were systematically discussed. This interdisciplinary format allowed ethical reasoning to be integrated into routine clinical discourse rather than treated as an external or theoretical exercise. The presence of a medical ethics specialist enriched discussions by introducing structured ethical analysis, clarifying ethical principles, and fostering reflective dialogue. Trainees demonstrated increased awareness of ethical issues and greater confidence in articulating the moral rationale underlying their clinical decisions. This approach aligns with prior evidence suggesting that case-based and longitudinal ethics education enhances ethical sensitivity, moral reasoning skills, and professionalism among psychiatry residents (3, 4). Ethics is widely recognized as a core competency in psychiatric practice. The World Psychiatric Association emphasizes adherence to ethical standards as fundamental to maintaining trust, safeguarding patient rights, and ensuring high-quality care (5). Moreover, contemporary perspectives on medical education underscore professionalism and ethical competence as outcomes that must be cultivated through experiential learning embedded in clinical settings (6). Integrating ethics specialists into psychiatric educational activities represents a practical and effective method to operationalize these principles. In conclusion, we advocate for the systematic integration of medical ethics into psychiatric education through clinically embedded models such as ethics-enriched morning

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reports. Our experience suggests that this approach is feasible, educationally valuable, and well-received by trainees. Embedding ethics within everyday clinical teaching promotes reflective practice, strengthens professional identity, and supports ethically sound psychiatric care. We believe such initiatives should be encouraged and more widely adopted within psychiatric training programs.

Footnotes

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