Health Ethics in Higher Education, Online Learning: Strengths, Limitations, Opportunities

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Abstract

Health ethics has traditionally been taught in seminar-style encounters with students and facilitators discussing, face-to-face, a range of issues pertinent to either clinical and, more recently and increasingly, public health work. One of the attractions of health ethics for students (undergraduate and postgraduate) is its application to 'real life' cases that they have or will encounter in their professional work. Dilemmas are raised, questioned, examined, and challenged in a supportive educational environment. But universities are increasingly turning to online 'distance' learning, and are also establishing themselves on the global stage as internationally competitive in both teaching and research. Teaching health ethics in these circumstances presents both opportunities and challenges. Reflecting on several years' experience teaching health ethics in professional courses, this presentation will examine the strengths of online learning of applied health ethics; limitations to 'doing health ethics' in an online environment; and the implications of applying Anglo-European canons of ethical theory to examine contemporary health issues in both domestic and international contexts. The paper will then draw on Connell's conceptualisation of 'southern theory' to consider opportunities for including non-Anglo-European social theory and ethical values in curricula marketed to a global student body.

Keywords: Health ethics, public health, online, global universities

Teaching ethics in public health

Over the last few decades, universities have become both more corporatized (Frank and Gabler, 2006) and increasingly 'global'. These trends and transformations have been driven by a need to remain financially viable and this has led many universities to market education to larger numbers of students, both domestic and international (Pietsch, 2015). Universities have raised their reach into international environments, increasingly marketing the value of the knowledge and skills they teach to a much wider and diverse student body. These realities faced by the education 'industry' (Connell, 2013) have transformed the way teaching is 'done': larger student numbers in classrooms, and online teaching. My teaching of health ethics in postgraduate programmes in public health has had to keep up with this momentum. The course I teach is primarily online, the on-campus mode only offered subject to enrolment numbers. The course enjoys good enrolments and student feedback, but there are very few international students. I believe that the theoretical perspectives we take for examining ethical issues arising in both domestic and international environments may be one reason for this. I return to this shortly.

Some benefits of online teaching

Flexibility. Students have access to audio lectures for the entire duration of semester, and enjoy the opportunity to listen to these while driving the car, going for a walk or on their way to work. The weekly online forums involve small groups of students (8-10) participating in an online discussion, drawing on lecture and reading material, plus a number of activities designed to guide them in the virtual classroom. These are facilitated by online tutors, but moderated and led each week by the students themselves. Students again benefit from the flexibility of accessing the forum anytime (open 24/7) each week. This kind of flexibility is a huge help for students who are mostly employed as health professionals, managers, departmental/government heads, CEOs in NGO's, etc., often engaged in high pressure occupations, shift work, and a series of commitments to family and community. It is not unusual to receive input from someone on a break during their night-shift in a hospital, or in the early hours of the morning while travelling on a train.

Co-production of courses through sharing course materials. Besides lectures and texts, we build the course resources collaboratively with students through accessible items such as podcasts, film, YouTube, e-books, etc. The beauty of this environment is that students are encouraged to source

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materials and add them to the course, sharing the information but also adding layers of complexity and diversity to the content as well as to the delivery of the course. This is a fruitful way to encourage active participation and group dynamics that were previously possible in the more 'organic' environment of face-to-face seminars.

Co-production of ethics. As postgraduate students, participants' disciplinary backgrounds and professional expertise are, themselves, huge wells of cultural capital that benefit both their fellow students and the teaching institutions. This diversity of students and the resources and experiences they draw on also introduces to the course a variety of values and belief systems, both religious and secular, moral and ethical viewpoints, ambiguities, resistances, uncertainties and even 'heresies' with which we can challenge long-held beliefs and values deemed to be 'mainstream'.

Limitations of online health ethics
Distancing values from outputs. Public health ethics is a course chosen by those who hold, or intend to have professional roles in which they shape or contribute to shaping the behaviours and activities of many people, perhaps entire communities. This shaping of community behaviour is achieved through drafting policies, guidelines, rules, even legislation. However, in an online environment, it is relatively easy to make moral judgements about the decisions and behaviours of 'the Other', and to subsequently call for an almost universally appreciated utilitarian or consequentialist approach to healthcare policy. Indeed, while we do draw on different theoretical frameworks (communitarian, human rights, principlist bioethics, the capabilities and the stewardship models), a great number of students (though by no means the majority) resort to the consequentialist/utilitarian approach for addressing most public health issues. The 'greatest good for the greatest number' is a mantra that is hard to challenge.

Response/ability. Linked to the former point, here the issue is how we respond to others, and to others' responses to what we do, say or practice. In everyday usage, the word 'responsibility' is intended as 'accountability'. We are asked to take ownership over our beliefs and values, and for how we allow these to inform and guide our work. But the root word for responsibility is 'response', and this means 'responding to the other' (Levinas, 1985). In the context of public health, health policy and health management, we are rarely exposed to the suffering, dilemmas, individual hardships and shared struggles of population groups. So in what way can we bridge the gap in public health ethics for which the end product is a community of people most policy makers and managers will never meet, especially internationally?

Southern theory and alternative perspectives
The sociologist Raewyn Connell has critically 'challenged' knowledge production and legitimation in education which is founded in European and North American epistemologies and applied universally to examine the social world. She refers to knowledge produced in these nations as theories from the 'global North' or 'metropole' (Connell, 2014). This knowledge is given authority over what she has termed 'Southern theory', by which she refers to knowledge from regions and nations that have been subjected to colonisation, including countries in Asia, the Pacific rim, and South America. In countries in the 'periphery' such as Australia and New Zealand, there is an 'academic dependency' (Alatas, 2006 in Connell, 2017) on the global North for legitimising their education and training (Connell, 2014). Elsewhere, Connell refers to Southern theory as concerning 'social thought from the societies of the global South…[but that] it's not necessarily about the global South, though often it is' (http://www.raewynconnell.net/p/theory.html, emphasis added). These knowledge systems of the 'global South' span over time, some dating back to before colonisation, while others reflect the 'post-colonial experience of the colonized societies' (Connell, 2017: 9).

Connell is not alone in critique; her search for a better approach to social theory has led her to impressive scholarship by thinkers who propose 'alternative' or post-colonial perspectives (not to be confused with post-colonial theory). Collectively, these alternative perspectives highlight how the global North has silenced and largely remained blind to the wealth and ability of intellectual work from the global South to critically comment on both the local and the international condition. These knowledge systems and interrogations of Northern theory are particularly important for addressing the needs of vulnerable populations around the world. Proponents of Southern theory and alternative perspectives do not suggest swapping one form of knowledge production for another – that is, the

establishment of a binary approach to knowledge (Connell, 2014). They seek to interrogate hegemonic systems of knowledge; Takayama et al. think of these alternative perspectives as

> [a] shift [to] what is recognized as legitimate educational knowledge, beyond a guided tour of the South (Takayama et al. 2015, p.vi)

The problem, for Connell, is one that concerns how we teach: if universities are 'global', and if both research and teaching turn to addressing a variety of audiences, consumers, and leaders, both domestic and international, then to continue to legitimise Northern theory over Southern is to continue the colonisation of nations

Applying Southern theory and alternative perspectives in health ethics

The role of education is to equip students and future workforces with intellectual, as well as practical, scholarly skills with which to examine, understand, and address local and international issues. But to do this well, students need a wider breadth of perspectives from the global South as well as the North. They need to critique and challenge both the methods adopted to date and the epistemologies they emerge from. Some examples include scholars like Meekosha and Soldatic (2011), Diniz (2016), and Altawil and Arawi (2016), who have highlighted how western concepts such as human rights, informed consent and liberty, however well-intended, are applied in countries and regions of the world where they present – and are presented with –considerable barriers and complexities. In the worst-case scenario, approaches that are taken as uniquely legitimate 'canons' and not interrogated through alternative perspectives can perpetuate inequalities, inequities, injustices.

Adopting alternative perspectives can give students, domestic and international, the opportunity to learn about and use frameworks that reflect the realities of societies around the world that are historically and culturally outside the global North. For international students in particular, this opening up to alternative epistemologies is also an invitation for them to claim authority and expertise not only on matters pertinent to their own nations, matters that may require a very different set of principles and values to those proposed by western philosophies. It also encourages students to develop a sense of authority over knowledge and skills through which to challenge the tradition of examining the world more broadly through western principles alone. In doing so, educators can legitimise these alternative knowledges rather than assess all students in relation to or on the basis of their ability and willingness to appreciate and reproduce the western traditions, and for applying them to their work.

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