Teaching of medical ethics

M. ELSTEIN & J. HARRIS†

Department of Obstetrics and Gynaecology, University Hospital of South Manchester, University of Manchester and †Centre for Social Ethics and Policy, School of Education, University of Manchester

Summary. Teaching medical ethics in Manchester within the introductory course of obstetrics and gynaecology is a joint activity with the Centre for Social Ethics and Policy. This interdisciplinary teaching has evolved through lecture sessions with small-group discussions dealing with topics of interest in human reproduction. The small-group discussions have been replaced by an open debate conducted by the students. Their own involvement and participation and an exposure to the disciplines of the humanities has broadened their approach to different ways of problem-solving of these real issues.

Key words: *ethics; medical; *education, medical, undergraduate; curriculum; obstetrics/educ; gynaecology/educ; England

Introduction

Currently the need to teach medical ethics within the clinical curriculum is being hotly debated amongst those concerned with medical education (Pond 1987). There is a considerable body of opinion amongst clinical teachers that the most appropriate way to teach medical ethics is by the example of the teacher, as described in a recent conference, as the so-called 'apprentice' system by 'gentlemanly osmosis' (Boyd 1989). Indeed, many clinicians hold the view that it is they alone who are best equipped to teach both ethics and an appropriate recognition of ethical issues within their clinical practice.

We strongly believed that to be effective medical ethics teaching requires both a broader base and a more professional approach. In Manchester, however, in the recently established Centre for Social Ethics and Policy we had an interdisciplinary group with a strong interest in ethical issues related to medical practice. Within the group are represented theologians, philosophers, lawyers and clinicians, all with a common interest in and a desire to explore the dilemmas of medical practice.

Need for change

Manchester medical students had for a number of years expressed a desire for the teaching of medical ethics to help and support them in their efforts to deal with the emotional stresses that they experience during their medical education when confronted with the real ethical issues of clinical practice. They requested a specialized course in medical ethics. However, resistance was encountered to the idea of 'giving up valuable teaching time' within the medical curriculum. Since many of the problems which cause concern to the students are within the field of human reproduction, it seemed appropriate to identify an opportunity within the teaching of obstetrics and gynaecology to make a genuine attempt to address the difficulties of teaching medical ethics within the medical curriculum.

A willingness to identify and allocate some time within the introductory teaching of obstetrics and gynaecology was the first step towards a pilot project of teaching the students in this area. However, the problems of teaching a subject which lends itself to small-group discussion in a large class of 275 students were enormous. The Department of Obstetrics and Gynaecology at Withington Hospital had already explored the logistic challenge of teaching psychosexual
medicine to medical students in small groups after exposure to films on psychosexual function. The outcome of this exercise was equivocal concerning the value of small-group teaching but we had the experience of establishing this style of teaching with this large number of students.

**Development of a programme of medical ethics teaching**

Two sessions in the 2-week introductory course in obstetrics and gynaecology were allocated to teaching the principles of medical ethics and human reproduction and to exploring particular problems in depth in small groups of students. An essential component of this teaching was to be its interdisciplinary nature. We particularly felt that it was inappropriate for students simply to be given a digest of principles, a glossary of terminology or a set of codes of ethics for them to attempt to follow slavishly (or even imaginatively). The need was rather for students to gain experience of moral argument and of the disciplines that make moral argument possible, with the objective of enabling them to think their way through a problem and come to an appropriate solution, or equally important, to the recognition that this may not be possible.

The group leaders to head the small-group discussion were drawn from a variety of disciplines and were not directly involved in clinical practice. However, they had had considerable experience of addressing the ethical dilemmas in health care provision. The majority of these individuals were not medically qualified but were, for example, theologians, social workers, senior nurses, philosophers and lawyers, all with an interest in the quality of health care. The teaching programmes which were eventually adopted evolved by trial and error and this experience is now described.

A major principle which remained throughout the development of the programme was the importance of demonstrating the need for an ethical dimension to the dilemmas which arise in actual clinical practice. The underlying philosophical principles needed to be made explicit so that medical students could develop a perception of the complexities of these issues. Equally medical students needed to appreciate the contribution that might be made by individuals trained in the humanities in contrast to their scientifically trained mentors. It was therefore essential for an initial presentation by someone who could provide an understanding and appreciation of this form of discourse. We considered it important that the uninhibited and involved participation of the student should be encouraged and facilitated.

**Model A**

In the 2-week introductory course of the basic principles of obstetrics and gynaecology a morning comprising of three lecture sessions was devoted to ethics teaching. It was possible to allocate this time to a change in the curriculum by allocating the subjects replaced to self-learning programmes involving tape-slide teaching and other self-learning techniques.

An introductory lecture was given by a philosopher in which the moral principles underlined by the dilemmas created by handicapped newborns and the degree of care afforded them were explored. The moral distinction between active and passive methods of treatment was identified and analysed. Following this the legal issues presented by these dilemmas were discussed by an academic lawyer with a major interest in medicolegal matters. The students were then dispersed in small groups comprising 10–12 individuals. Each group embarked upon a discussion of any aspect of the issues raised under the guidance of two group leaders, a clinician and an ethicist from a non-clinical background.

The students enjoyed the didactic presentations but had difficulties in generating a discussion in the small-group settings.

Some groups were more active than others. However, in view of the large number of teachers involved (i.e. 15), it was thought the return from this investment of senior staff was insufficient especially as it was with difficulty that active participation of the students was achieved.

**Appraisal and further evaluation**

Further discussions took place between the teachers in obstetrics and gynaecology and the Centre for Social Ethics and Policy and it was agreed that the format of a lecture presentation in which the principles of the study of ethics in
human reproduction were defined should continue. It was also felt that a single half-day was inadequate for students at this stage of their career, i.e. during their first clinical exposure and the introductory course in obstetrics and gynaecology. It was therefore decided to allocate two afternoons rather than a single extended morning to this subject. It was also felt that greater student involvement and participation was an important objective.

**Model B**

We decided to continue with the lecture format for the first half-day session. In order to secure enthusiastic and active student participation we offered the students the opportunity of an open debate on a topic of current ethical interest in the reproductive field. Two students presented the case for and against a controversial topic in human reproduction, such as surrogacy. A further pair summed up the case in the customary way.

The lecture format has remained relatively similar over the last 2 years. The students were confronted with challenging ideas and issues in order to stimulate their thinking by exposure to the disciplines of the humanities — an approach to problem-solving, which has already been noted, is much different to their usual practice. A hand-out of relevant reading material was provided so that students could spend some time exploring this area. At this time in their curriculum they had completed their examinations for their third MB and were being prepared for the clinical module in the fourth year and therefore were amenable to such an experience in education without the spectre of examinations hovering in the immediate future.

Over the 3 years that this course has been running the lectures have covered the following topics:

1. the principles and dilemmas involved in providing health care to disabled children or the selective withdrawal of support to such individuals;
2. the issues and dilemmas involved in deciding whether or not disabled children should be born (so-called ‘wrongful life’); and
3. surrogacy.

We will describe briefly, but in more detail, one typical year of this programme.

**(1) The lectures and discussion**

The half-day lecture session in this year traced the ethical and legal dilemmas consequent upon the deliberate choice to bring into existence severely disabled infants. In the first lecture session the philosopher outlined the ethical choices that faced all of the parties to this decision at the various stages, and explained the ethical principles which informed and illuminated these decisions. These ranged from the dilemmas of initially informing parents of the choices for them and the problems associated with directed and non-directed counselling and the responsibilities of the parents and the medical staff for the various decisions which needed to be taken. The consequences for the family and the effect on the future course of family life both of parents and their disabled child and for any future children of the family were indicated.

It was emphasized that mature judgements about all of these matters could only be made in the light of:

(a) a defensible view of the moral status of the embryo/foetus;
(b) an assessment of the parents’ rights both in terms of right to abort and in terms of the rights and wrongs of bringing disabled individuals into existence; and
(c) the responsibilities of the medical staff and the place of their own conscientious conclusions were also explored.

The second lecture dealt with the legal ramifications of these issues. In particular it outlined the legal and moral theories which have led in the USA to a proliferation of legal actions in which disabled children have sued their parents and medical practitioners for the alleged wrong of bringing them into existence in a disabled condition. The lectures were intended to perform two principal functions. The first was to make medical students aware of the full range of the dilemmas which face them in the day-to-day care of patients. The second was to provoke their initial intuitive responses to these dilemmas and then to explore these responses and show how the problems they raise may be resolved by
critical reflection. This session paved the way for the debate in the subsequent week in which the students themselves were able to test their abilities to think their way through these dilemmas by presenting arguments in the public forum and to test these arguments against the criticism of their peers.

(2) The debate

In the final session the students chose a related topic, namely the ethics of experimentation using foetal material. This enabled them to apply the considerations discussed in the previous week on the legal and moral status of the embryo and on the question of the extent to which the adults are entitled to make choices about the fate of embryos. The quality of debate was of a high order and the topic generated a wide range of opinion and comment. The debate was moderated by the philosopher and the lawyer who had lectured the previous week and who were able to demonstrate how the issues discussed fitted into the general framework of critical theorizing.

In previous years the final session had been poorly attended. However, the introduction of the debate effected a dramatic change, with the majority of students enthusiastically attending. This was 'their' afternoon, with the senior clinician and the senior philosopher and lawyer present to facilitate discussion and encourage a wide-ranging debate. They also were able to contribute with factual information where appropriate.

Additionally, and to complement the two teaching sessions described, there have been ad hoc seminars in which eminent theologians, legal opinions and clinicians from a variety of disciplines and religious backgrounds have discussed related issues.

Conclusions

There is a general consensus among the participants that this latter format has been a success and should continue. However, we have not yet attempted a formal appraisal of what is being achieved. We are exploring ways of doing so. Additionally, other teaching modalities are under review. However, if the enthusiasm of the students and the lively discussion provoked by the sessions are any guide, we believe that there is good reason to be optimistic that a similar approach may prove fruitful for other clinical disciplines.

References


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