GMC: Medical ethics education conference

Self help in medical ethics

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Author's abstract

The paper traces the development of programmes of lectures and symposia in most British medical schools, which have developed into a postgraduate programme of research and publication. It is asserted that a morally neutral approach is a necessary prerequisite for wide multidisciplinary involvement, as is a high level of student participation in identifying topics for discussion. Alternative possibilities for formal teaching are discussed and pitfalls highlighted.

The Society for the Study of Medical Ethics (now the Institute of Medical Ethics) was established in 1973 by doctors concerned with the lack of professional discussion of medical ethics (1). It is an independent body for the multidisciplinary study of issues raised by the practice of medicine.

From its inception the society, and later the institute, has sought to develop the study of medical ethics at both undergraduate and postgraduate levels; to encourage a high academic standard as the subject develops and to stimulate multidisciplinary research into specific issues.

Student participation

The institute is the national body linking student Medical Groups which have been established in a majority of British university teaching hospitals – London was first in 1963 and, deriving from it, came Edinburgh and Newcastle in 1967; Sheffield (1972); Glasgow (1973); Birmingham, Bristol, Liverpool and Manchester (1975); Cardiff (1976); Aberdeen and Southampton (1977); Dundee, Oxford and Cambridge (1979), Leicester (1980) and (in 1983) Leeds: all except Nottingham. Of these, the London Medical Group, 'a student group for the study of issues raised by the practice of medicine which concern other disciplines' has, for over 20 years, arranged a series of well attended lectures and symposia, twice weekly throughout the academic year, in the twelve London teaching

hospitals, while less frequent symposia are arranged by the Scottish and provincial groups. These groups do not claim to *teach* medical ethics: they exist to introduce an element of reflection into a training which is essentially an apprenticeship.

Research and publication

The institute initiates research. Between 1975 and 1981, a series of studies on moral issues in health care was undertaken by the Edinburgh Medical Group and the University of Edinburgh, in association with the institute, on such issues as the ethics of resource allocation, or dilemmas of dying. The findings of three of these studies have been published (2, 3, 4). Currently, two further studies are being undertaken by the institute on the ethics of clinical research investigations on children and on public and professional attitudes to medical ethics. In 1975 the *Journal of Medical Ethics* was first published by the institute and now has a worldwide circulation (5). The journal and the *Dictionary of Medical Ethics* (edited by three members of the journal's editorial board) are recognised as standard academic works of reference in medical ethics.

A multidisciplinary subject

Medicine is not practised in a vacuum. Few would agree today with the consultant who wrote at the start of the London Medical Group (LMG) that if these questions were to be discussed at all – which he doubted – then they should be discussed by consultants with consultants and *in camera*.

Medical ethics is no longer the preserve of the medical profession. It is the institute's view that medical ethics is a multidisciplinary subject, which can benefit from the insights of disciplines other than medicine itself.

Medical ethics teaching, in our view, goes beyond etiquette and codes, to a study of moral values and their application in clinical practice. Teaching should not aim to inculcate a particular moral viewpoint. Rather, medical ethics should be a critical study of the kinds of moral reasoning which lead doctors to differing conclusions in medical practice.

We recognise that this view of medical ethics is

Key words

Medical education; Medical ethics; Institute of Medical Ethics.

increasingly, but not universally, held.

We believe that teaching should not be the sole responsibility of those who might feel morally bound to express their own views to the exclusion of all others. Medical ethics teaching, because of its nature, could easily be exploited by lobbies or pressure groups – whether medical, religious or political.

Indeed, fear that some might exploit the subject, whether wittingly or not, has led others to conclude that there should, or could, be no formal teaching of medical ethics at all.

Some who advocate this latter view claim that students could (and in fact, do) gain an understanding of medical ethics throughout the whole course of their training by a process of osmosis or by 'picking it up on ward rounds'. In considering how medical ethics might be taught one has to accept that there has been a notable contribution to the discussion of medico-moral questions by distinguished academics who are themselves not medically qualified (6) – philosophers, lawyers (7) social scientists and moral theologians (8).

Not all have proved as provocative as Ian Kennedy's Reith Lectures, but several have made major contributions to governmental and professional reports (9), as well as to working parties concerned with fundamental medico-moral issues (10), such as those inaugurated by the CIBA Foundation (11).

Simultaneously with these multidisciplinary studies, a significant student interest has emerged in the promotion of the medical groups mentioned earlier. Average attendance at LMG symposia is about 100 for 48 events per annum over 10 years. Albeit on an informal basis, a large cross-section of medical school staff is already involved – some 200 consultants and others in London alone each year. Indeed in one medical school at least, Edinburgh, this has led to the Medical Group itself being invited to undertake teaching in curricular time. The Leicester Medical Group has recently organised a first medico-moral case conference and others are planned. At the Westminster Hospital LMG representatives have arranged the first Ethical Grand Rounds: the common denominator of all these endeavours is that they are case-based.

A student critique of medicine

By far the most important element in the Medical Groups is the level of student participation and the way in which this is related to multidisciplinary advice.

The topics included in the LMG programme are based on a student critique of medical practice, undertaken with no senior advice or pressure as to the choice of subjects but aided by a multidisciplinary council to help identify the most appropriate lecturers; a process described by Lord Rosenheim, as 'a pincer movement on the profession by its cadets and senators'.

This separation of teachers and taught in the selection of topics is important – for it is an attempt to remove the pressures of hierarchy from the whole process.

A particular result of the method is that each year's lecture list is a reflection of developments in medical practice, medical education and popular attitudes, rather than a static curriculum in ethics.

Alternatives to Medical Groups

There are those who argue, however, that the success of the Medical Groups has actually hindered the development of the teaching of medical ethics in this country. Certainly, there has been no development in Britain comparable to the emergence in most American medical schools of full-time 'ethicists' (their word), largely apparently philosophers and theologians – appointed doubtless under the pressure of a litigious society.

In this country formal teaching of ethics, as applied to medicine, could be offered to medical students in a variety of ways.

In the pre-clinical years, there could be lectures on moral philosophy arranged by university departments of philosophy: but pre-clinical students would have little experience of medical practice.

In the clinical years, hospital chaplains might be involved in discussing specific cases: but medico-moral questions could hardly be approached from a religious standpoint alone.

A better alternative might be for staff from departments of law, philosophy, the social sciences and theology to lecture in the clinical timetable itself. But medical ethics ought to be discussed by medically qualified people: much would depend upon whether the philosopher, moral theologian and lawyer had experience of multidisciplinary studies involving doctors. If they had not, they might be of little value to medical students. In this context it is worth noting that the Institute of Medical Ethics has recently been associated with the inauguration at Imperial College, London of courses on medical ethics for medical and nursing school staff: characterised as 'teaching teachers'.

Perhaps the intercalated year, or even electives, could be modified to allow interested and capable students to opt for a course in ethics – in departments of either philosophy or theology. In a society where values are in conflict, some students at least would benefit from a reasoned study of such values from differing standpoints.

One of the difficulties of multidisciplinary studies is that of ensuring a balance between members of different disciplines. We all tend to be over laudatory when talking of members of other professions and over critical of members of our own. On this view the nearest chaplain is by definition the wrong person – but so is the nearest doctor. Experience is required if an imbalance is to be avoided. One source of such experience is to be found in the local Medical Group – where the multidisciplinary consultative council contains a potential for further development.

In the light of the increasing demands for medical

ethics teaching, emerging at a time when there is no overriding moral viewpoint, and in the face of a diversity of opinion about how the subject might be taught, the Institute of Medical Ethics has recently appointed a working party, under the chairmanship of Sir Desmond Pond, to examine alternative possibilities for the teaching of medical ethics. Funded by the Nuffield Foundation, it will report in 1986.

The institute is committed to the promotion of the multidisciplinary study of medical ethics, but, above all, it is concerned for the standing of this subject, which ought not to be allowed to become another unpopular specialty, at the bottom of everyone's priorities – students' as well as Deans'.

References

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