Teaching medical ethics symposium

Reflections from New Zealand

Alastair V Campbell Otago University, New Zealand

Author's abstract

The Medical Faculty of the University of Otago, New Zealand is experimenting with a new approach to the teaching of medical ethics, making it an integral part of several courses in all years of the medical curriculum. During the author's twelve-month period as a visiting professor in the faculty, trial runs in ethics have been introduced in the preclinical sciences, in behavioural science and medical-decision analysis and in every clinical attachment. Proposals for permanent course requirements will be considered by the faculty after a full evaluation of these experiments by both students and teaching staff. If such courses are to be implemented and maintained, medical faculties will need to appoint specialists in ethics, at least on a part-time basis.

Background

These reflections come from my current experience as Visiting Professor in Biomedical Ethics in the Medical Faculty of the University of Otago, Dunedin, New Zealand. My post, which is for a period of twelve months, was established by the faculty (with the assistance of outside funding) with the specific purpose of helping to introduce the teaching of medical ethics into the undergraduate curriculum. The medical school, which was founded in 1874, has an annual intake of 170 students. Until very recently the approach to medical ethics was of the traditional type, with a few formal lectures on medical codes, medical malpractice etc, some initiatives by individuals in clinical departments and some lunchtime lectures which were outside the formal curriculum and open to a wider audience. The radical changes now taking place were the product of a residential conference on the curriculum which established a working party under the chairmanship of Professor D G Jones of the Department of Anatomy (himself an author in the field of medical ethics). The working party reported to

the Faculty Board Curriculum Committee 'on the need for, and the possible structure of, a defined course in medical ethics'. That report included the recommendation 'that the teaching of ethics should be an integral part of teaching in *all years* of the curriculum' (my italics). That recommendation was enthusiastically endorsed by two successive Deans of the Faculty (Professor G L Brinkman and Professor J D Hunter) and has led to the involvement of virtually all the departments in the school in an experimental programme for the academic session commencing February 1987. It is accepted that this will be a 'trial run' for the integration of medical ethics into the curriculum and that a full evaluation will take place at the end of the year.

Principles, content and methods

The recent report (1) of the Institute of Medical Ethics working party on the teaching of medical ethics states that 'Medical ethics is not a new subject to be added to the curriculum, but a vital aspect of all medical practice, the implications of which should be made explicit throughout medical education'. This is precisely the principle underlying the changes in the Otago school. It may be of interest to summarise in a schematic form how the principle is applied to the specific courses of the Otago school curriculum (2).

(Year 1 – a premedical year outside the Medical Faculty)

Year 2 – Anatomy/Physiology/Biochemistry: three sessions in relation to animal research, the human cadaver and the ethics of scientific research.
Preventive and Social Medicine: two sessions on priorities in health care.
Clinical presentations: one per term, chosen for specific ethical dilemmas

Year 3 – Medical Decision Analysis course: one section of this course will be devoted to ethical criteria. (This is the point in the curriculum for the introduction of more formal teaching in ethical theory).
Behavioural Sciences: three sessions on ethical aspects of illness behaviour and professional relationships.

Key words

Teaching medical ethics; medical education; ethical theory.

Abnormal Structure and Function: seminars/clinical demonstrations organised by Departments of Pathology, Neurology and Clinical Biochemistry on a range of topics including brain death, gene therapy and giving and withholding information to patients.

Year 4 – (first clinical year) Clinical Sciences and Clinical Attachments: 11 key topics in medical ethics will be incorporated in this course, either in the attachments or in the formal teaching sessions. The course planning committee has established a method for ensuring an even distribution of topics across departments and throughout the academic year (3). Most of these topics will be dealt with by careful choice of case material for discussion.

Year 5 – Students rotate in groups of ten round six different clinical attachments, during which a range of experiments in small-group teaching of ethics will be introduced by the appropriate departments. Formal teaching at this stage includes lectures on medico-legal topics and on codes of professional ethics.

Year 6 – (Trainee Intern year) More small-group work on the model of Year five. A three-month elective on ethics at a university abroad will be negotiable.

It will be evident from the above summary that a wide variety of teaching methods will be employed throughout the course. In the earlier years with large class numbers much will depend on the choice of appropriate handouts (for example summarising opposing views on 'animal rights'), the selection of appropriate cases and the use of other methods which can hold the attention of a large group. I have experimented recently with a 'choice game', breaking a clinical case at several critical points and requiring a definite decision (using red and green cards) from each member of the class. This has proved to be productive of a lively and focused discussion of the ethical principles involved (4). Where tutorial discussion can be arranged for such large preclinical classes, preparatory meetings with the tutors are essential. Throughout the course an interdisciplinary approach needs to be stressed, with participation in case presentations by members of different professions. The plan for the preclinical years also calls for a formal input on ethical theory as a part of medical decision analysis. This will lay the theoretical foundation for the case-related discussion in subsequent years, and clearly, will continue to require a teacher with specialist philosophical training.

In the clinical sections of the course the primary emphasis will be on small-group teaching using case material from specific medical specialties. To prepare for the case discussion, students will be supplied with a short list of recommended reading or (where possible) photocopies of relevant articles in the literature. Since the teaching will be done by the clinical teaching staff, preparation for this section of

the course will include a 'workshop' on teaching medical ethics for the teachers. The workshop will experiment with various methods including role play and exercises for clarifying concepts (for example 'suffering', 'autonomy') and ranking values (for example 'quality' versus 'quantity' of life). The aim of the workshop is to reassure teachers that contentious ethical issues can be productively dealt with as part of clinical training and without a stultifying polarisation of viewpoints.

Concluding observations

The scheme outlined above is only one possible approach to the complex task of integrating ethics within a medical curriculum. Clearly much of it is contingent upon the details of courses already taught in any one medical school, and it is perhaps particularly fortunate that Otago has a decision analysis course at the preclinical stage, thus allowing a natural introduction of ethical theory. But whatever the curriculum, certain 'political' factors are also important. Firstly, it is essential to have someone *within* the Medical Faculty who has a formal qualification in philosophy or ethics. Arrangements with departments outside (however sympathetic they are) are unlikely to endure without an internal faculty appointment to co-ordinate them. Such an appointment need not be full-time; and it can be combined with work in a medical specialty, if someone with double qualifications can be found. (This type of appointment is proposed in Otago for the future.) Secondly, a prime task of anyone who is appointed to such a post must be to encourage his or her medical colleagues to integrate ethics naturally within the teaching programme. No one individual could possibly do all that is required in this area. But an appropriately qualified individual can enable it to develop and can ensure that it continues, by working closely with all those in the faculty involved in planning and implementing new approaches to the training of doctors.

The Rev Dr Alastair Campbell is at present Visiting Professor in Biomedical Ethics in the Medical Faculty of the University of Otago, Dunedin. Later this year he will resume his post as Senior Lecturer in the Faculty of Divinity, University of Edinburgh.

References and notes

- (1) *IME Bulletin*, 1986 Aug: 1-9.
- (2) It should be noted that in the clinical stages the course is taught in three clinical centres – Dunedin, Christchurch and Wellington. This summary refers only to the Dunedin clinical course.
- (3) These topics were selected according to the goals suggested in Culver C M *et al.* Basic curricular goals in medical ethics. *New England journal of medicine* 1985; 312 4: 253–256.
- (4) Full details available from the author. (Faculty of Divinity, New College, The Mound, Edinburgh EH1 2LX.)