

## Editorial

### Teaching medical ethics

At the present time there is an increasing awareness of the need for philosophical and ethical components in medical curricula. Two and a half years ago, an editorial in the *Lancet* (30 Dec 1972, p 1406) argued that the British medical schools must begin to take responsibility for a greater emphasis on teaching and discussion of the moral questions arising in clinical practice. Now the General Medical Council, as part of its general survey of curricula, is seeking data on the teaching of the subject in all British medical schools. Meanwhile there are major developments in other countries. In the United States, bodies such as the Institute of Society, Ethics and the Life Sciences and the Kennedy Institute for Bioethics have initiated and supported many educational experiments as well as encouraging the scholarly research and publication vital for the academic growth of the subject. In the Netherlands and in Scandinavia appointments of professors of medical ethics have reflected the concern to place the subject within faculties of medicine. Of particular interest is the inclusion of the subject in newly established medical schools, such as the medical faculty at Maastricht.

In a series of articles we shall be reviewing some of these developments, but what the future of such courses should be is as yet far from clear. A subject which is both theoretical and practical, which bridges traditional academic divisions and which inherits a welter of misunderstandings and prejudice seems bound to develop slowly and somewhat erratically. Indeed, too rapid and uniform an expansion could leave many important basic questions unanswered. Upon what theoretical assumptions does the subject proceed? What methods are appropriate for teaching it? What is the optimum point for inclusion in the medical curriculum? Who should teach it? What objectives are aimed at, and how are these to be assessed? A protracted period of innovation and experiment, with a variety of approach from centre to centre, seems called for to ensure adequate answers to

these questions.

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*Iatrogenesis*

The controversy provoked by Ivan Illich's *Medical nemesis* shows no sign of abating. A recent London Medical Group conference on iatrogenic disease in which Dr Illich featured as a main speaker was heavily oversubscribed, with high participation by doctors and medical students. No doubt the most popular preachers are those who play on the hearers' sense of guilt, but it would be facile to dismiss Illich's arguments as simply an appeal to the contemporary mood of self criticism. The main force of his critique is not directed at the failures of doctors as such ('clinical iatrogenesis' in Illich's terminology): rather, it is a condemnation of the whole character of modern industrial society, because of its creation of dependence and its stifling of autonomy. Illich's prophetic ire also rains down on this journal if it cosily accepts current social and professional roles without asking whether these serve the betterment of humanity. Certainly our aim is to offer a sustained critique of the assumptions upon which health services operate, both at the individual and at the institutional level. Too easily, however, 'medical ethics' can become a reinforcement of the *status quo*, or the refining of the private language of a professional in-group. Perhaps Illich's ideas are violent, extreme, un-specific on the details of positive alternatives - but who wants, who needs, a moderate prophet?

In order to give a full picture of the debate about iatrogenesis we are publishing an extract from Illich's *Medical nemesis*, together with a slightly edited transcript of the paper he read to the conference of the London Medical Group. This is followed by three other contributions to the conference, those of Professor Marshall Marinker, Professor Edmund Leach and Miss Katharine Whitehorn. The result is a complex but fascinating mapping out of the interrelationships between medicine, society and health.