

In the United States of America*

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Historically, the United States has had a long tradition of medical ethics teaching but not in the sense in which the term is applied today. Traditionally, teaching institutions sponsored by religious denominations – primarily Roman Catholic and Jewish – have included the study of ethical problems in medicine in their medical, as well as in their other, educational efforts. Seminary students and other professionals were taught the medical ethical tradition of their particular religious group. Even the secular medical school curriculum included courses called ‘medical ethics’, but they were devoted to what might more appropriately be labelled ‘medical etiquette’. Questions such as fee splitting, advertising, the size of one’s signs, and relations with osteopaths, chiropractors, and even quacks were major subjects of debate. Medical students were socialized into their new role, having been taught the merits and methods of conducting proper relations with their professors, their colleagues, and, ultimately, their patients.

Over the past decade, there has been a dramatic change. New medical techniques have forced people – physicians and lay people – to face almost daily dilemmas they could not fail to recognize as ethical. Many medical schools have begun to develop new teaching programmes, responding to the challenge of educating the new generation of physicians to deal with a newer, larger group of more public ethical problems in medicine. A rebellion against the excessive technological development of medicine, focusing on the scientific aspects of medicine at the expense of the more humanitarian, has led to a widespread outcry for revised training of physicians.

These same forces have led to an explosion of medical ethics teaching designed for lay people and non-medical professionals, as well as nurses, public health workers, and others in the health care professions. Lawyers, clergymen, teachers, and more generally undergraduate students with no professional use for medical ethics instruction may now have a medical ethics course as part of their education.

In 1973 a National Commission on the Teaching of Medical Ethics began a three-year investigation of the present state and future potential of teaching medical ethics in the United States. The Commission, generated by the Education Program of the

Institute of Society, Ethics and the Life Sciences, is currently reviewing the rapid expansion of the teaching of medical ethics at all academic levels. Although teaching in medical schools is normally thought of first, it is clear that it represents only a small fraction of the medical ethics teaching being done in the United States. The first part of this report will focus on this more diffuse teaching effort in undergraduate, graduate, and professional schools. In the second section we shall focus more directly on medical schools where we have current, specific data as an example of the growth of the teaching of medical ethics. In the final section we shall discuss a number of institutions, programmes, and projects related to medical ethics teaching.

Medical ethics teaching outside the medical school

While it is methodologically extremely difficult to come up with exact figures for the number of medical ethics courses being taught in undergraduate and graduate school curricula in the United States, it is clear that there has been a massive growth of such courses in the past five years. The Education Program of the Institute of Society, Ethics and the Life Sciences has been established to facilitate such development. It has received approximately 160 requests for consulting assistance since June 1972 from such institutions. Since 1972 we have sponsored summer medical ethics teaching workshops designed for teachers beginning to develop courses; 150 people have taken part to date. Workshop participants have included teachers in law, medicine, nursing, and non-academic settings (such as education directors for religious institutions), but undergraduate and graduate school teachers have predominated. While these numbers, of course, do not provide a direct measure of the number of teachers or the number of courses being offered in American colleges (certainly many, perhaps a vast majority of teachers have not had direct contact with the programme), it does provide some indications that at university level teaching medical ethics is now a major phenomenon.

UNDERGRADUATE AND GRADUATE SCHOOL TEACHING
The hundreds of undergraduate and graduate school medical ethics courses in the United States can be divided into two major groups. First there are those courses which have grown out of teaching ethics more generally. Normally departments of both philosophy and religion have at least one person responsible for teaching ethics. In addition to basic theoretical courses, some offerings deal with the ethics of some particular set of social issues. While in the 1960s the ethics of war or of civil rights captured the imagination of these teachers as well as of the general population, now more and more the ethics of biology and medicine is a major focus.

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Second, medical and biological ethics teaching efforts may have their origins in the scientific disciplines. A number of geneticists and zoologists have come to recognize the social and ethical impact of their subject matter and have begun teaching at least one course dealing with the ethical and policy dimensions of their field. Social scientists are now realizing that there are ethical questions in their methodology, many of which are parallel with the problems of the use of human subjects in medical research. Several formal interdisciplinary programmes in 'science and society', usually initiated by natural and behavioural science departments, have sponsored courses offered in medical ethics.

An important theoretical question is now being confronted. Is medical or biological ethics a subspecialty of ethics or a subspecialty of medicine or biology? The theory involved in medical ethics is clearly ethical theory, yet the facts or cases to which that theory is applied are certainly medical or biological. Teaching interdisciplinary teams has more and more become the basis for combining the necessary disciplinary skills of both ethics and the sciences.

PROFESSIONAL SCHOOLS

Professional disciplines over a wide range outside the field of medicine have begun offering courses orientated to medical ethics. Many seminaries traditionally offered such courses making use of somewhat parochial medical ethical traditions. What is now happening, however, is the development of a more eclectic, non-sectarian course, including study of more contemporary problems in medical ethics. Law schools have traditionally taught courses in legal medicine where medical malpractice and the role of the physician as legal witness were the subject matter. Now, however, a number of courses are being offered in American law schools which deal with the contemporary philosophical and practical issues of medical ethics. These are courses which examine the state of the medical art, the ethical and legal problems arising, and then go on to ask what the law ought to be. They are courses in jurisprudence dealing with normative questions of medical ethics.

There is an important difference between these professional school courses and those offered to a more general undergraduate or graduate student population. The general university course for undergraduates is offering a disciplinary or interdisciplinary exploration of a set of issues to fulfil the general objectives of a liberal education. Students are either dealing with classical moral problems in an effort to broaden their understanding of human nature or they are learning some specific information which will be useful to them in the course of their lives as citizens. They study both the classical problems of the relation of the individual to society (as in human experimentation ethics) and specific

problem-solving tasks (the ethical implications of writing instructions about terminal care). Professional school courses, on the other hand, are designed more for those who need a knowledge of medical ethics for their professional role. The clergy must counsel their parishioners; lawyers must counsel their clients as well as participate in the writing of legislation. Professional education in medical ethics may retain some of the classical liberal education objectives but important professional skills are being taught as well.

POSTGRADUATE PROGRAMMES IN MEDICAL OR BIOETHICS

One of the results of the rapid expansion of medical ethics teaching is the recognition that more professional training is needed to produce skilled teachers, researchers, and administrators in the field of medical ethics. In the late sixties, post-graduate students began taking advantage of existing interdisciplinary programmes to tailor-make graduate degree programmes in medical ethics. Doctoral programmes in religion and society at a number of institutions permit the student to study the social ethics of a particular area, and a number of these students have chosen to specialize in medicine. More recently several programmes at doctoral level specifically in medical ethics have emerged. During the 1973-74 academic year the Kennedy Institute and the Philosophy Department at Georgetown University initiated a collaborative programme leading to a PhD degree in philosophy with a concentration in bioethics. The Institute for the Medical Humanities at the University of Texas Medical Branch at Galveston is collaborating with the University of Texas at Austin and Southern Methodist University. The University of Tennessee is establishing a degree programme leading to both MA and PhD degrees. All of these programmes offer clinical experience in medicine as well. For the time being, degrees will continue to be awarded by the parent discipline, usually philosophy, but a formal concentration in bioethics will be available soon.

Teaching medical ethics in medical schools

In 1974 we conducted a survey of the teaching of medical ethics in American medical schools, updating the findings of our 1972 survey.¹ A postal questionnaire was sent to the dean or to a member of the faculty previously identified as being responsible for teaching medical ethics in each of the medical

¹Robert M Veatch and Sharmon Sollitto, *Medical Ethics Teaching: Report of a National Medical School Survey*, unpublished report. cf Robert M Veatch, National Survey of the Teaching of Medical Ethics in Medical Schools, in *The Teaching of Medical Ethics*, edited by Robert M Veatch, Willard Gaylin and Councilman Morgan. Hastings-on-Hudson, NY: Institute of Society, Ethics and the Life Sciences, 1973.

schools that were institutional or provisional members of the American Association of Medical Colleges; data were obtained from 107 of the 112 institutions surveyed.

The findings of the survey are summarized in table I. Of the 107 schools for which we have information, 97 indicated that they have some specific form of medical ethics teaching. Furthermore, of the 10 schools which reported no such teaching, six were new institutions provisional members of the American Association of Medical Colleges. These numbers alone point to the pervasiveness of medical ethics throughout our medical institutions. However, upon investigating individual programmes one finds that the form and structure of the courses offered varies greatly from school to school. In general six different approaches can be distinguished.

TABLE I *Teaching of medical ethics in medical schools*

	1972	1974
Total schools surveyed	95	107
Schools teaching medical ethics	81	97
Required course in medical ethics	4	6
Elective course in medical ethics	37	47
Medical ethics issues discussed in courses not identified as 'ethics' courses	56	69
Special programmes (conferences or lectures) on issues in medical ethics	17	56

I DISCUSSION IN ONGOING COURSES

The most common response given by the medical schools was that medical ethics issues are discussed in courses not specifically identified as 'ethics' courses. Of the 69 medical schools citing related courses of this type, only 19 stated that they have no other medical ethics education. Lectures in ongoing courses provide a convenient first level of teaching medical ethics. For most schools now, however, more formal teaching programmes have been initiated. Discussion in ongoing courses provides a supplement either to elective courses or to special programmes specifically orientated to medical ethics. According to this model, questions of what to tell the patient or confidentiality might be incorporated into the introduction to the clinical course; questions of abortion, sterilization and artificial insemination into obstetrics; brain death concepts into medicine or pathology. Though this method has the advantage of putting the ethical issues into the framework of medical education at the point where these questions might naturally arise, by dispersing the ethical discussion it has the

disadvantage of destroying any continuity of ethical theory or any chance of intensive study of issues.

2 THE ELECTIVE COURSE

At least 47 schools are now offering some type of elective course in medical ethics. These choices include both general courses scanning the issues of medical ethics and more intensive courses focusing on specific topics such as the ethical problems of death and dying, behaviour control, and genetics.

A particularly novel programme utilizing elective courses is the one established at the Pennsylvania State University of Medicine in Hershey, Pennsylvania. Fifteen elective courses are offered by the Humanities Department, including titles such as 'The doctor's dilemma in modern drama' and 'Medicine and law'. Students are required to take two of these courses at some time during their medical education.²

3 THE REQUIRED COURSE

This is an interesting, though problematic, model for the systematic instruction of the entire student body. Six schools offer such courses usually including them in the first year core curriculum. The great advantage of the incorporation of an ethics course in the basic curriculum is that it provides a systematic introduction to the ethical issues in medicine to all students, not just those who are already highly motivated. The disadvantage, of course, is that only limited discussion of complex issues can take place – especially if a lecture format is utilized. Some promising efforts have been made to divide the class into small discussion sessions. Staffing such groups with leaders competent in both clinical medicine and in ethics often poses an insurmountable problem.

4 CLERKSHIPS

Twelve schools reported that they offer full-time clerkships in medical ethics for a duration of at least one month. During this time the student is able to focus on a specific issue in medical ethics and explore it intensively through independent study. The Institute of Society, Ethics and the Life Sciences has arranged medical student clerkships as part of its programme for interns; 11 medical students from institutions other than those offering regular clerkships have participated in its programme normally by arranging to receive credit from their school.

5 SPECIAL PROGRAMMES

The offering of programmes such as conferences and symposia specifically in the field of medical ethics is another widespread method of teaching medical

²Clouser, K Danner (1971). Humanities and the medical school: A sketched rationale and description. *British Journal of Medical Education*, 5, 226–31.

ethics. Indeed, the most dramatic shift in medical ethics teaching between 1972 and 1974 came through the medium of this approach. While in 1972 only 17 of the 95 schools offered such special programmes, by 1974 56 of the 107 had already implemented programmes of this sort. These included monthly conferences, special workshops, a monthly case conference series, and single lectures or lecture series on subjects such as 'Ethical problems in neonatology', 'Consent of experimental subjects', 'Ethics and values in health care', and a set of 'President's seminars on medical ethics'.

6 MEDICAL ETHICS DEPARTMENTS OR TEACHING PROGRAMMES

In a number of medical schools with sympathetic administrators and committed faculty members, more comprehensive programmes for teaching medical ethics have emerged. The typical model is the establishment of a department of humanities within the structure of the medical school.³ Though the scope of the programme is normally broader than medical ethics – including the history of medicine, the philosophy of medicine, medicine and literature, and sometimes legal medicine and medicine and religion – almost always major offerings explicitly in medical ethics are included. Medical schools with humanities programmes of this sort include Penn State University, the University of Florida, the Medical College of Georgia, the State University of New York at Stony Brook, and Albany Medical College of Union University.⁴

The University of Texas Medical Branch at Galveston has a particularly well developed Institute for Medical Humanities. Three full-time and three part-time faculty members are involved in the programme which emphasizes medical ethics as well as the philosophy of medicine and the history of medicine. Many varied opportunities are provided for the student interested in the field, including a required seminar course in medical ethics for first-year students, weekly seminars exploring issues of medical ethics, and full-time options for seniors in which specific issues are covered in greater depth.

Institutions related to medical ethics teaching

The establishment of formal medical ethics teaching programmes in medical schools and in philosophy

³See Hunt, Lorraine L (1974). ed. *Institute on Human Values in Medicine: Human Values Teaching Programs for Health Professionals* (Philadelphia: Society for Health and Human Values) for descriptions of a number of such programmes.

⁴Banks, Sam A, and Vastyan, E A (1973). Humanistic studies in medical education. *Journal of Medical Education*, 48, 248–57.

departments goes beyond the offering of specific courses or groups of courses. It provides a systematic teaching structure, staff commitment, and budget to treat medical ethics seriously as a teaching field. In addition to the doctoral programmes and medical school humanities teaching programmes, a number of institutions and programmes orientated to the development and support of teaching medical ethics have been established in the past five years. While differing from one another in scope and function, they all are engaged in work which will both support teaching in the field and provide the basic scholarly research and tools necessary for a maturing field of study.

THE KENNEDY INSTITUTE OF HUMAN REPRODUCTION AND BIOETHICS

Centred at Georgetown University, this interdisciplinary research institute focuses on the technical and demographic as well as the ethical aspects of human reproduction. The Center for Bioethics within the Institute cooperates in the postgraduate programme in bioethics and houses research staff in the field of bioethics. In addition, the Center is developing a bioethics information retrieval system providing indexing, bibliographies and eventually automated information retrieval. Also under its auspices, an *Encyclopedia of Bioethics* a two-volume reference work containing 1.5 million words, is being prepared.

HARVARD INTERFACULTY PROGRAMME IN MEDICAL ETHICS

In 1971 a programme began at Harvard involving participants from the Divinity School, the School of Public Health, the Graduate School of Arts and Sciences, and Harvard College, cooperating with the Medical School, is offering courses and conducting a research programme. Pre- and postdoctoral fellowships have also been an integral part of the programme.

THE SOCIETY FOR HEALTH AND HUMAN VALUES

This is a membership organization of those sharing common concern over socio-ethical issues in medicine, including medical school administrators and hospital chaplains. Its Institute on Human Values in Medicine has sponsored meetings orientated to medical ethics teaching in medical schools.

THE INSTITUTE OF SOCIETY, ETHICS AND THE LIFE SCIENCES

This institute has as one of its three goals the assisting of universities, medical and professional schools in the development of programmes designed to make a consideration of ethical problems an integral part of the education process. The Education Programme of the Institute has sponsored summer workshops on the teaching of medical ethics since 1972, has developed and consulted in

developing teaching programmes at the Columbia University College of Physicians and Surgeons,⁵ has sponsored a National Conference on the Teaching of Medical Ethics,⁶ sponsors the National Commission on the Teaching of Medical Ethics, and has recently developed a reprint series, *Readings in society, ethics and the life sciences*. In addition the Institute sponsors research conducted by five research groups made up primarily of Fellows of the Institute, publishes the journal, the *Hastings Center Report*, and publishes an annual selected and annotated bibliography. A programme for student interns provides an opportunity for undergraduate, graduate, and professional school students to do in depth work in medical ethics and a postdoctoral fellowship programme makes available opportunities for postgraduate study.

A number of other institutions and programmes

⁵Veatch, Robert M and Gaylin, Willard (1972). Teaching medical ethics: An experimental program. *Journal of Medical Education*, 47, 779-85.

⁶Veatch, Robert M, Gaylin, Willard and Councilman Morgan op. cit.

such as those at the Institute of Religion and Human Development at the Texas Medical Center in Houston, Texas, Case-Western Reserve University,⁷ and many well organized teaching programmes within universities and professional schools offer a still expanding array of opportunities to study medical ethics in the United States.

Teaching medical ethics: a major enterprise

Teaching medical ethics has, in the past five years, become a major enterprise in American universities and professional schools. Certainly hundreds, probably thousands, of courses are now being taught. The research, professional organization, and tools of the field are beginning to emerge. As a very young and interdisciplinary field (at least in its present form), it is not clear what medical ethics will look like in the future. The seriousness with which its development is now undertaken certainly means that new means and methods can be anticipated.

⁷Gorovitz, Samuel (1973). *Teaching medical ethics: A report on one approach*. Cleveland: Case Western Reserve University.