GMC: Medical ethics education conference

Methods of teaching medical ethics at the University of Nottingham

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Author's abstract

Medical ethics has been described as a thread woven into the fabric of the Nottingham curriculum. There exist a wide variety of relevant learning experiences, occurring at intervals throughout each of the five years of the course. The introduction of the students to clinical method from the start creates the need for early consideration of ethical aspects of professional behaviour and this in turn stimulates spontaneous discussion and inquiry amongst the students. The school has chosen to rely on having a sufficient number of medical teachers from various disciplines willing to discuss in all the necessary detail their own clinical decisions.

This account of the ways in which Nottingham medical students learn about medical ethics is based upon a series of conversations between the author, when he was Vice Dean, and individuals who were either current undergraduate medical students, qualified doctors graduating from Nottingham, or teaching staff with responsibility for relevant parts of the curriculum. An attempt was made to assemble a commentary based upon consideration of both the formal and informal learning which occurs.

Jones and Metcalfe (1) described the plan of the Nottingham medical curriculum in which they saw medical ethics as a thread woven into the fabric of the course. This is still a valid description of the place of medical ethics in the Nottingham curriculum. Of the two possible strategies discussed by Jewell (2), reliance is placed upon having sufficient numbers of medical teachers from various disciplines who have the necessary skills and are willing to discuss their own clinical decisions. The alternative, of appointing ethical experts to the teaching staff with the intention that it should be they who discuss with students the decisions made by clinicians has been eschewed.

The medical school has declared objectives which include reference to the need for doctors to be imbued with high ethical standards and to have developed, during their training, attitudes to the practice of medicine which are a blend of both the scientific and humanitarian approaches. Moral issues, doctors' attitudes, professional standards and legal obligations are discussed with the students at various stages during the five years of the course. There is no deliberate attempt to disentangle these issues until the final year when the students receive a short course of six lectures.

The basic medical science course

During the second week of their first term all students are given an opportunity to view the whole range of medical care by visits to general practitioners' surgeries, health centres and hospital wards. These introductory visits are arranged under the general title of The Scope and Responsibilities of Medicine. They are designed to demonstrate the range of health services, but particularly the roles of different doctors and the responsibilities which they have to face and to fulfil. This is perhaps the students' first exposure to the idea that few questions in medicine can be answered without an associated degree of uncertainty.

At about the same time the students receive a formal lecture on medical ethics which is essentially an explanation of ethics and a discussion about their place in medicine. In this lecture a further attempt is made to explain the scale of the problems posed for the doctor by the varying degrees of uncertainty which surround clinical decision-making. The lecturer explains to the students why they should attempt to know and understand the doctors whose work they are observing and why they can expect a wide diversity of professional behaviour. The students appear to need this help in recognising the attitudes of the doctors from whom they are learning and to have their attention drawn to sources of help, should they subsequently decide that they want to discuss any aspect of these.

These early opportunities for discussion and explanation are important because clinical method is taught from the start of the course. Even in their first term Nottingham students can expect to listen to a patient describing his or her illness in private and alone. The course in the behavioural sciences is designed to provide a sound and supportive preparation for these - the students' first clinical interviews. Throughout the basic medical course, as
the students learn about each system, they will take a
history from and examine a patient, conducting these
with reference to the system under consideration. Thus
the student rapidly acquires an experience of the wider
issues of medicine sufficient to provide the content for
informal debate and discussion. Student comment
highlights the importance of providing this content.

The course entitled 'Medicine and the Medical
Student' takes place in the first term. This course of
four lectures, given by general practitioners of the staff
of the school, has ostensibly nothing to do with ethics.

The lectures are concerned with problems of drug
abuse, alcohol abuse, venereal disease and contraception, and are intended to support the
students, recognising that as a group they acquire a
unique professional identity among the student
community. These lectures are said to arouse much
debate amongst the students on ethical issues than
most other classes, even those which are organised to
be more explicitly concerned with medical ethics.

Within the basic medical sciences course, the
laboratory teaching of physiology and pharmacology is
based on experiments performed on man, providing
opportunities for students to be both the subject and
the experimenter. This is a good context in which to
consider 'the volunteer' and 'consent' and to
introduce the idea of responsibility. The course in
community health provides an opportunity for the
consideration of other ethical issues. This course is
concerned with the delivery of health care and introduces the students to the difficult 'choices' which
face doctors with increasing frequency, for example
selection for renal dialysis and the problems of choice
when planning health care for the Third World.

During the third year, when all the students study a
single medical science for the Part II of the degree of
Bachelor of Medical Science, individual students
confront the ethics of medicine more directly. Project
work may involve research, albeit closely supervised,
in the community or the ward. The students are thus
brought into direct contact with the problems of
preparing ethical submissions and of having their
protocols scrutinised by an ethical committee. They
are encouraged to discuss fully all the issues raised by
their work.

During the clinical course there are topics which are
identified specifically for ethical consideration and
these form the subjects for large group seminars during
the teaching of Psychiatry, Child Health, Obstetrics
and Gynaecology and Health Care of the Elderly.
There is a general insistence that total patient care
cannot be discussed adequately without raising the
related ethical issues. Each department identifies key

areas for special consideration: for example, during the
paediatric attachment the students attend the courts
and case conferences concerning disadvantaged
children, children who must be removed from their
parents, and those who have severe mental handicap.

If the students have any criticism at all of the way in
which the school handles the teaching of medical
ethics, it is that some feel an unfulfilled need for
reassurance and support during their first clinical
contacts as junior clerks. The students considered their
understanding of medical ethics was developed the
most effectively during the four weeks' attachment to a
general practitioner.

The final group of lectures which are held during the
last clinical year concern the medico-legal and
professional aspects of ethics. The topics covered
include consent, confidentiality, 'ownership' of
records, the Human Tissues Act, and the GMC.

The 'alternative' curriculum depends upon student
initiatives and spontaneous discussion. Elsewhere it
has led to the formation of 'Medical Groups'. It is much
more important in this field of medical education than
any other. The students were quite sure of the
relevance of the curricular lectures on 'Medicine and
the Medical Student' but extracurricular discussions
between experts have been notably unsuccessful.

At Nottingham the Christian Fellowship, the Inter-
faculty Christian Union and the Questioning Medicine
Group have fully served the needs of some students for
extracurricular discussion.

The students from whom views were sought
considered that medical ethics did receive due
attention and appreciated the wide variety of relevant
learning experiences which had been included in the
curriculum. They recognised, as do the academic staff,
that there will always be some of their number who
remain insensitive to ethical issues. Even these students however are more likely to be influenced by
the predominant attitude of the faculty than by a
department of experts. The author of this paper is left
unconvinced that any special and further advantage
will accrue from doing more to pull together the
relevant learning experiences under the umbrella of yet
another discipline, namely medical ethics.

References

(1) Jones J S P, Metcalfe D H H. The teaching of medical
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(2) Jewell M D. Teaching medical ethics. British medical