
Teaching medical ethics symposium

Medical ethics in Manchester

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Authors' abstract

Manchester's multi-disciplinary approach to medical ethics combines established methods and new initiatives. There is a longstanding Medical Group and also, plans are evolving for the inclusion of medical ethics teaching in the undergraduate curriculum, the start of an MA in Health Care Ethics in October 1987 and the establishment of the Centre for Social Ethics and Policy to act as a focus within the university for research and study in a wider context.

Medical ethics and law have been major research interests of staff from several disciplines in Manchester for some years. The Faculty of Medicine and the teaching hospitals have organised seminars at both undergraduate and postgraduate levels involving colleagues from education, philosophy, theology and law. But it is only in the last year or so that the teaching of medical ethics to students and practitioners has been in any sense co-ordinated. In a huge university like Manchester it has been all too easy for staff with similar interests not to meet and for effort to be duplicated to some extent. Therefore forging links between the Faculty of Medicine and the Departments of Education, Philosophy, Theology and Law is of prime importance if medical ethics, and the delicate relationship between law and ethics, is to be taught coherently.

Since 1975 the central focus for discussion of medical ethics in Manchester has been the Monday evening meetings of the Manchester Medical Group, co-ordinated by Mary Lobjoit. The MMG has brought together medical, nursing and many other health-care students as well as academics and practitioners from medicine, theology, philosophy, education, social administration and law. This provided a meeting place for the group now involved in launching the MA in Health Care Ethics and the new Centre for Social Ethics and Policy.

Teaching of medical ethics to undergraduates remains somewhat random. At present plans are being

discussed in the Medical Faculty to formalise and extend the undergraduate teaching in medical ethics, in line with proposals made by the Pond Report, published by the Institute of Medical Ethics (1). There is a strong case to include a minimal but very significant amount of structured teaching of the ground rules of medical ethics in one of the two pre-clinical years, to be supplemented by case-based clinical teaching on ward rounds during the three clinical years.

Currently students report that ethics teaching is sporadic (unpublished survey of 1983 and 1984 graduates by Mary Lobjoit) with psychiatry, obstetrics and gynaecology, medicine and general practice being the specialties most frequently mentioned as providing ethics input.

One of the recent experiments in raising awareness of ethical problems has emanated from the Department of Obstetrics and Gynaecology at Withington Hospital where an annual day is set aside for ethics in relation to obstetrics for third-year students. An introductory lecture is given and then the class is divided into small seminar groups each with a member of the medical staff and either a lawyer, a philosopher or a theologian to lead the discussions. The day is fun and illustrates the willingness of medical students to participate in ethics teaching. The problems are that it is impossible in one day to give a sufficient grounding in general medical ethics to essay the particular problems of obstetric and gynaecological practice. Inevitably the provision of either a lawyer or an ethicist for each group meant that one or other aspect tended to be played down.

In the fourth-year multi-disciplinary module, organised jointly by the Departments of General Practice and Community Medicine, there are four themes which are kept in mind while the students are involved in geriatrics, community paediatrics, general practice and occupational medicine. The themes are reviewed regularly and are designated as 1) clinical realism 2) management options and resources 3) communication and team work and 4) ethics. This is a deliberate effort to cut across specialist boundaries and although ethics is treated as a separate theme it must inevitably play an important part in the other three as well.

Key words

Medical ethics; health care ethics; medical education; multidisciplinary work; social ethics.

The start of the MA in Health Care Ethics in October will, we hope, also provide an impetus for better undergraduate provision of the teaching of medical ethics as academic staff become increasingly aware and involved. The demands of the medical school timetable will continue to pose difficulties in fitting ethics into the curriculum but the will to do so is now manifest. Consideration also needs to be given to whether it is feasible to provide some ethics teaching to medical students together with students of other disciplines. An MMG meeting on the Gillick case where the number of law students matched the number of medical undergraduates proved exceptionally fruitful. Cross-discipline seminars are an avenue we should like to explore.

At the moment, though, effort in relation to medical ethics teaching is concentrated on preparation for the MA in October. Applications so far indicate a level of interest and enthusiasm which has astonished and pleased the degree's organisers. Candidates come from diverse backgrounds. So far we have several nurses, including midwives, a number of doctors from various branches of medicine, solicitors, philosophy graduates and ministers of religion. The course is deliberately open-textured. All students must follow core courses in moral philosophy and cases from health care practice. Four options, from which students must select two, are at present on offer. The Law Faculty offers a popular course on medico-legal problems. The Department of Theological Studies is providing an option on religious faiths and medical ethics and the Department of Social Administration offers a course on medicine in modern society. From the Department of Science and Technology Policy comes an option on medical ethics in a historical context. Apart from the assessed work generated by individual courses the degree work will be completed by the production of a 20,000-word dissertation.

The strength of the degree and its attraction to candidates lies in the broad spread of disciplines involved in the teaching process. The administrative problems of timetabling are formidable especially as we are catering for both full-time and part-time students. To provide for the latter, classes have to be held after 4.00 pm, at the earliest. We recognise a need to ensure coherence within the degree in order to prevent the individual courses being pigeon-holed as 'a little bit of philosophy', 'a little bit of law' and a smattering of practice. It is also vital to provide sufficient stimulus outside evening teaching hours for full-time students. Postgraduates need a sense of belonging and the danger exists that our students could 'belong' to no identifiable group. To deal with this danger we propose to involve students both in general graduate seminars in the departments of their original discipline and to organise interdisciplinary graduate seminars under the auspices of the Centre for Social Ethics and Policy. MA students would also participate in the general activities of the centre.

The centre was established in the summer of 1986

and is directed by Anthony Dyson, Mary Lobjoit and John Harris, with Margaret Brazier providing the law input as Associate Director. The centre's main aims are twofold: to act as a focus for education in, and discussion of, social ethics within the university and the local community and to stimulate research in ethics and policy. These aims received a considerable boost from the success of the centre's inaugural series of public lectures this spring. The lectures covered the debate on experiments on embryos and attracted four distinguished lecturers, Professors Robert Edwards, John Marshall and Keith Ward, and Douglas Cusine from the University of Aberdeen. An audience of over eighty persons attended each lecture including many influential Mancunians from the fields of medicine, theology and law.

The centre's terms of reference were quite deliberately not restricted to medical ethics alone albeit that medical and professional ethics comprise the major interest of the present directorate. Analysis of medical ethics in the past has suffered from its isolation from social ethics generally. Patient/client autonomy and the status of professionalism are not issues confined solely to the medical field. Confidentiality is an ethical dilemma for a wide spectrum of professionals and non-professionals. We hope to add to the understanding of the core issues of medical ethics by treating them in a wider perspective. And our recent seminar on conflicts of duty for professionals led by a doctor, a lawyer and a social-work expert certainly proved the benefit of this approach. Additionally the lively interest of members of staff from over a dozen departments encourages us to seek a broad base for the centre and we hope to recruit additional personnel from disciplines in which so far we have no director or research fellow.

In conclusion, after less than a year of the centre's existence here in Manchester and with the MA ready to take off in October 1987, we are left with a number of questions to ask ourselves and our colleagues throughout the United Kingdom. 1) Is it purely coincidence that the majority of students involved in running the MMG and of prospective candidates for the MA are female? Or is this a national trend? Perhaps the multiplicity of ethical issues affecting women's lives, particularly their reproductive lives, is one explanation. Or is it that many men are more careerist and at present involvement in medical ethics is not seen as career-enhancing? 2) So far the medico-legal and theological options for the MA appear most popular choices of optional modules; once again is this a Mancunian idiosyncrasy or a national trend? 3) Should medical and law students be encouraged to join in some joint case-study work where possible and how far, if at all, is there a case for some instruction to medical students in black-letter (nuts and bolts) law, for example basic rules on compensation for medical accidents? 4) How will postgraduate students in medical ethics be funded? A joint approach by all universities involved in postgraduate medical ethics

and law courses is essential to ensure candidates do not fall into a void between the various funding councils.

Lobjoit is a Student Health Physician. All are Directors of the Centre for Social Ethics and Policy at Manchester University.

Margaret Brazier is Senior Lecturer in Law; Anthony Dyson is Samuel Ferguson Professor of Social and Pastoral Theology; John Harris is Senior Lecturer in Philosophy in the Department of Education, and Mary

References

- (1) Boyd K M, ed. *Report of a working party on the teaching of medical ethics* – Chairman Sir Desmond Pond (*The Pond report*). London: IME Publications, 1987.

News and notes

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