strange for current ethics, Plato seemed somehow to act for the “patient’s best interests”.

4. Plato realised very well the controversy (quite prominent nowadays) between individual and state interests and the difficulties in accepting his model. Furthermore he realised that more eugenics issues would potentially evolve, but hoped that educated citizens would cope sufficiently with them.

5. A major Greek achievement was the rationalisation of the physiology and pathology of inheritance, as described by Aristotle. Nowadays, after the Mendelian laws and the genome mappings, this probably seems of less importance; however, the Romans, for example, considered malformed newborns as ominous monsters (prodigia). Yet, it should be remembered how superstitiously malformations such as cleft lip were treated until very recently.

6. Greek theories were not only manifested in the state models of Plato and Aristotle; even Cynicism included eugenic suggestions, such as having children from union with the handsomest women. Yet, it was not only theories and teachings: the legislation of Sparta, as preserved by Plutarch, reminds one quite well of the blueprint of Plato’s model.

As Greeks based virtue equally on physical, mental and social wellbeing, they were reluctant to separate the good from the beautiful and individual value from submission to the community. Therefore, they would seemingly accept, more or less, the idea of eugenic manipulation. However, there was not any kind of consensus and as Professor David Galton emphasises, even in Plato’s works there seems to be a differentiation from The Republic to Laws. Greek theories are really valuable when exploring analogous contemporary ethical problems, but even Plato himself would not equate the “philosopher king” with the chairman of a twentieth century eugenics board.

6 See reference 2: 407e.
7 See reference 2: 407d.
9 See reference 2: 423e.

E GALANAKIS MD, PHD(PHIL) Department of Paediatrics, University of Crete, Greece

Students’ opinions on the medical ethics course in the medical school curriculum

SIR

Medical ethics is introduced as a mandatory course in the University of Zagreb Medical School curriculum. The course is held during the sixth (last) year of the MD programme. It is administered by the multidisciplinary board and taught by various professionals (practising physicians, experts in ethics, a lawyer, a theologian etc). The duration of the course is 30 teaching hours. Lectures on general medical ethics are delivered at the beginning and followed by discussions on special ethical topics (transplantation, abortion, assisted conception, genetic counselling, privacy of medical information, death and life-prolonging treatment etc).

The course was attended by a class of 217 students in their sixth year and was followed by an anonymous poll. Questions were designed by the board and intended to evaluate the contents of the course, its goals, timing and teachers. The majority of the students assessed the course as useful. They expressed the opinion that medical ethics would help them to identify ethical issues in their future work and to increase their feelings of responsibility regarding ethical aspects of medical practice.

Nevertheless, a narrow majority of students (54.4 %) expressed the opinion that a separate course of medical ethics was not necessary; it would suffice to integrate ethical contents into other courses of the medical curriculum. The majority of students have stressed that in their view practical aspects of the course did not meet their expectations. Students have described as inadequate the opportunity to confront practical ethical issues during the course.

We have been surprised by the attitude expressed by students that no formal course on medical ethics is necessary as they prefer medical ethics to be taught in the ward within other medical specialities. Similar arguments against a formal course in medical ethics were encountered by Hope: “Some said that ethics was being taught, not as a formal course but on ward rounds in the context of discussing individual patients”.

As teachers of medical ethics, we feel that a formal course is necessary as a tool for the introduction of general principles of ethics and its multidisciplinary aspect. Medical ethics is not exclusively an area of physicians’ competence. In their practical work future physicians will be supported by an increasing number of ethical committees. Often these committees are multidisciplinary and include various professionals. A formal course of medical ethics could be designed so as to offer an opportunity for students to meet in person ethicists, lawyers, theologians and other professionals dealing with ethical issues in medical practice.

The association of ethical issues with clinical medical practice seems to be the priority of medical students polled. Students preferred (94.5%) medical practitioners as their teachers in medical ethics. We have also observed that students seemed to be deeply touched when encountering certain ethical problems during their daily medical practice. Sometimes, to the surprise of medical teachers, during general medical courses, ethical aspects of patient care attract the attention of medical students more than strictly medical issues. The proposed core curriculum model for the teaching of medical ethics allows its full integration into the curriculum, consistently forging links with good medical and surgical practice. Ethical issues in medical practice can reach far beyond the delivery of health care and introduce students to humanity and charity as part of their profession.

References
3 See reference 2: 459e.
4 See reference 2: 461c.
References


NIKO ZURAK, DANIEL DEREZIC, GORDANA PAVLEKOVIC
Board, Course of Medical Ethics, School of Medicine, University of Zagreb, Zagreb, Croatia

Guest editorial: Imperialism, research ethics and global health

SIR

I found the above editorial in your August issue very interesting. Comparing the ethical implications of global research from the perspective of the “Western” researchers is a topic of personal interest. In attempting to gain a perspective of the “Western” influences on ethics in general I found the following:

<table>
<thead>
<tr>
<th>Table</th>
<th>Using MEDLINE for the search and articles published since 1966</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Keyword “Ethics”</td>
</tr>
<tr>
<td>Total number</td>
<td>50,868</td>
</tr>
<tr>
<td>Articles in</td>
<td>40,895</td>
</tr>
<tr>
<td>English</td>
<td>(80.4%)</td>
</tr>
<tr>
<td>Non-English articles</td>
<td>9,973</td>
</tr>
<tr>
<td>(19.6%)</td>
<td>(18.3%)</td>
</tr>
</tbody>
</table>

Not only are Western values the most frequently applied, but as the literature grows the reinforcement of these values continues. Is this another example of ethical imperialism? Are those interested in the cultural variations in ethical values reading about them as referenced to Western standards, in journals refereed by those schooled in Western ethics?

Reference

1 Benatar SR. Imperialism, research ethics and global health. Journal of Medical Ethics 1998;24:221-2.

D LEONARD WERNER
Distinguished Teaching Professor, Department of Vision Sciences, State College of Optometry, State University of New York, 100 East 24th Street, New York 10010-3688, USA

Medical research needs lay involvement

SIR

In his editorial on why medical research needs lay involvement, Tony Hope cites only publications written in professional, mostly medical journals. For many years now, some patient-consumer groups have been pressing researchers and research funders to allow them to contribute to the research process. Not citing patient-consumer groups’ publications represses their views and underplays the extent to which lay people are ready to be involved in the research process. Dr Hope also mentions that the NHS standing advisory committee on consumer involvement is seeking “constructive” ways in which lay people can be involved. There is no shortage of issues that patient-consumer groups would like to see better researched, nor of lay people who would be delighted to sit on research committees.

Reference


CHARLOTTE WILLIAMSON
Chair, CERES (Consumers for Ethics Research), PO Box 1365, London N16 0BF

Reference

1 Benatar SR. Imperialism, research ethics and global health. Journal of Medical Ethics 1998;24:221-2.