

Editorial

Indexing ethics

In view of the increasing volume of literature on medical ethics the need for some reliable guides both for the casual reader and for the scholar has become imperative. A number of reference books are now available, each quite valuable in its own way. But discrimination is required even in the selection of reference books. There may be a danger that our contemporary obsession with cataloguing will create a false impression of maturity and coherence. Medical ethics is still a relatively confused and unevenly developed field.

Some readers may wish simply to keep abreast of major new books and for them a regular scanning of reviews in both the general medical press and in specialist journals may prove sufficient. A more comprehensive picture can be gained by consulting digests of articles and selected bibliographies. A good coverage of the literature (particularly American publications) is offered by the *Bioethics Digest*¹ and by the Hastings Center *Bibliography of Society, Ethics and the Life Sciences*.² Scholars and researchers anxious for completeness most undoubtedly rely on the *Bibliography of Bio-Ethics*³ compiled by the Kennedy Institute, Georgetown University. This work claims to provide an exhaustive listing of published material in English (including audio and video recordings) and has a unique reference system. So far volumes for 1973 and 1974 have been published.

For many people, however, medical ethics is a topic area to be referred to only occasionally, perhaps to help in the preparation of an article or lecture, or to clear their minds on some problem they have encountered in practice. Here the newly published *Dictionary of Medical Ethics*⁴ should prove invaluable. Since this work has been edited by three members of our Editorial Board, any comments in this column may well be seen as partisan. (In any case a full review of the *Dictionary* will be published in a subsequent issue of the Journal.) But, at the risk of seeming biased, we would applaud the publication of this book. The editors have gathered together contributions from over one hundred specialists in a wide variety of disciplines and have included useful suggestions for further reading. The volume has much to offer both for 'browsing' and for sustained reading.

With all these resources to hand, the student of

medical ethics can surely keep himself well informed. Whether more information will also mean better practice is of course quite another question. *Pace* Plato, knowledge and virtue cannot be equated.

References

- ¹Information Planning Associates, PO Box 1523, Rockville, Maryland 20850, USA.
- ²Hastings Center, 360 Broadway, Hastings-on-Hudson, NY., 10706, USA.
- ³Gale Research Co, Detroit, USA.
- ⁴Duncan, A S, Dunstan, G R, and Welbourn, R B, (eds), Darton, Longman and Todd, London, 1977.

Teaching medical ethics

We have twice before made editorial comment on the teaching of medical ethics. In July 1975 we drew attention to the first of a series of articles on the teaching of the subject in different countries. In July 1976 under the title 'Basic medical education' we took note that the General Medical Council (GMC) was conducting a survey of basic medical education as currently conducted in British medical schools. We knew then that medical ethics was one of the subjects selected for particular study by means of a separate questionnaire.

We now welcome the publication of the report *Basic Medical Education in the British Isles*. The report, in two volumes and running to 876 pages, represents the first comprehensive statement of procedure and curriculum in all the medical schools in the United Kingdom and Republic of Ireland. The GMC and the survey team are to be congratulated on a very complete statement and analysis. Of course it is open to the criticism that it can only state what was found in 1975/76 at the time of the survey. In the changing scene of medical curricula this is certainly a disadvantage; it is unlikely that the procedure could be repeated within a few years or that effective means of updating such a detailed account could be devised. Even as a snapshot of what was taking place at the time of the survey a report of this nature can be criticized on the basis that it is too dependent on the answers of a few individuals, though in most of the schools 30 to 40 teachers were involved in the replies.

In spite of such criticisms the report will be welcomed as a very useful source book. We learn,

for example, that there is considerable uncertainty about the formal teaching of medical ethics. Almost all British schools indicated that less than 10 hours – often less than five hours – were earmarked for this purpose. On the other hand 25 of the 34 schools responding reported *some* formal teaching. The detailed accounts of teaching programmes in volume II of the report should provide some

stimulus to all schools to review their own policies in this difficult field and to risk new initiatives in teaching methods.

Reference

¹Basic Medical Education in the British Isles, Nuffield Provincial Hospitals Trust, London, 1977.