

The appropriate educational tool for that seems to be a "portfolio". This may be described as a collection of evidence that is maintained and presented for a specific purpose.¹³ In medical ethics education, that purpose may be to give insight into critical events in the moral development of a medical student. This development can be stimulated by both fictitious events (films, books) and personally experienced ones (first experiences in practice, first anamnesis). A portfolio is a narrative undertaking that embraces two important dimensions: it reflects the education evolution of the author and it contains a chronological series of commentaries and personal notes on (both fictitious and real) patients and their families.¹⁴

Several studies demonstrate that keeping a record of personal reports and reflections on what one encounters in practice from the very start of medical school is meaningful as a continuous stimulus for professional development and increases self-knowledge.¹³⁻¹⁷ Self-knowledge, as we argued on the basis of Housset's analysis of compassion, is the basis of personal moral development. Keeping an ethical portfolio from the start gives students the opportunity to monitor their own moral learning and to understand how they relate to others (both patients and colleagues). Thus the *learning process* is central to portfolio learning, and not so much a result of studying. With an ethical portfolio that has been created in the undergraduate years, internships can be more instructive in a moral respect than before. The mere fact that students will be able to better express what they were engaged with in those years will contribute to that.

Given the great number of medical students and the results-oriented approach that many of them have, the use of portfolios alone can never guarantee that the originary experience of compassion is developed as a basis for moral development. Since morality is based on human freedom and maturity, a portfolio build on compassion can succeed only in a climate of confidence and respect, where good role models are willing to invest in personal contact. Only then can the originary experience of compassion develop into a virtue that, as a moral attitude, is a part of the personal and professional identity of the physician.¹⁸

Authors' affiliations

C Leget, G Olthuis, Radboud University Nijmegen Medical Centre, Department of Ethics, Philosophy and History of Medicine, Nijmegen, The Netherlands; g.olthuis@efg.umcn.nl

Competing interests: None.

REFERENCES

- 1 Housset E. *L'intelligence de la pitié: phénoménologie de la communauté*. Paris: Cerf, 2003.
- 2 Leget C. Avoiding evasion: medical education and emotion theory. *J Med Ethics* 2004;**30**:490-3.
- 3 Schotsmans P, Meulenbergs T, eds. *Euthanasia and palliative care in the Low Countries*. Leuven: Peeters, 2005.
- 4 Duyndam J. *Denken, passie en compassie: tijdreizen naar gemeenschap*. Kampen: Kok Agora, 1997.
- 5 Nussbaum MC. *Upheavals of thought: the intelligence of emotions*. Cambridge: Cambridge University Press, 2001.
- 6 Nussbaum MC. Responses. *Philos Phenomenol Res*, 2004;**68**:473-86. Answers the critiques of Aaron Ben-Ze'ev, Nancy Sherman and John Deigh in this issue..
- 7 Weber M. Compassion and pity: an evaluation of Nussbaum's analysis and defense. *Ethical Theory Moral Pract* 2004;**7**:487-511.
- 8 Loewy EH. Education, practice and bioethics: growing barriers to ethical practice. *Health Care Anal* 2003;**11**:171-9.
- 9 Singer PA. Strengthening the role of ethics in medical education. *CMAJ* 2003;**168**:854-5.
- 10 Perkins HS, Geppert CMA, Hazuda HP. Challenges in teaching ethics in medical schools. *Am J Med Sci* 2000;**319**:273-8.
- 11 Novack DH, Epstein RM, Paulsen RH. Toward creating physician-healers: fostering medical students' self-awareness, personal growth, and well-being. *Acad Med* 1999;**74**:516-20.
- 12 Andre J. Learning to see: moral growth during medical training. *J Med Ethics* 1992;**18**:148-52.
- 13 Mathers NJ, Challis MC, Howe AC, et al. Portfolios in continuing medical education—effective and efficient? *Med Educ* 1999;**33**:521-30.
- 14 Finlay IG. Portfolio learning: the humanities in medical education. In: Evans M, Finlay IG, eds. *Medical Humanities*. London: BMJ Books, 2001:156-66.
- 15 Gordon J. Assessing students' personal and professional development using portfolios and interviews. *Med Educ* 2003;**37**:335-40.
- 16 Lonka K, Slotte V, Halttunen M, et al. Portfolios as a learning tool in obstetrics and gynaecology undergraduate learning. *Med Educ* 2001;**35**:1125-30.
- 17 Finlay IG, Maughan TS, Webster DJT. A randomised controlled study of portfolio learning in undergraduate cancer education. *Med Educ* 1998;**32**:172-6.
- 18 Gardiner P. A virtue ethics approach to moral dilemmas in medicine. *J Med Ethics* 2003;**29**:297-302.

Correction

There was an error in the July issue of the journal (English V, Hamm D, Harrison C, et al. Ethics briefings. *J Med Ethics* 2007;**33**:433-4.) The authors incorrectly stated that euthanasia is currently legal in Sweden. The article should have read that euthanasia is currently legal in Switzerland.

doi: 10.1136/jme.2007.021071corr1