Journal of medical ethics, 1980, 6, 157–158

Case conference

As the buds so the flowers: a discussion of medical education

This discussion of the Flowers Report was tape-recorded. The names of those people taking part have been changed.

CHAIRMAN
The Flowers Report on medical schools in London has raised some interesting problems relating to medical education. We have often underlined deficiencies in the training of medical students and nurses in our ethical discussions in the past. The discussion of the recommendations that this Commission makes seems to be a good stimulus for the *Journal* to look in more depth at some of the issues that we have touched on previously.

DR JASON
One of the difficulties that we face is the enormous cost of educating doctors, which swallows up so much of a University's budget. Medicine is a profession with great prestige, and training for it is one of the few educational courses run by universities which proceeds in an orderly manner to a fully fledged professional qualification without any need for further training. There is much demand for places at medical school, and we have seen the academic standards of those accepted for medical training rise dramatically in recent years, (so that it is no longer possible for any student to assume that he or she will be selected because of family background or connections!) Given these and other factors, the medical education 'lobby' is in a very strong position. Any University, like London, which finds itself having to fund a large number of medical schools spends a disproportionate amount of its income on the medical sciences, and finds it impossible to reduce this expenditure because of the prestige and power that these schools hold. It is therefore necessary for economies, which as I understand it are the root cause for this Commission's reassessment, to be organised centrally and back up powerfully, and this style of procedure is bound to cause considerable pain and argument.

MR GEORGE
I should like to look at some of the reasons why medical education is so expensive. I don't think this has ever satisfactorily been done. Hospitals are expensive places to run and there are a lot of hospital services that are run out of the education budget – but equally many educational activities that are subsidised by the Health Service. Teasing these two sources of funds apart, especially now that teaching hospitals in London have assumed District responsibilities and are funded as such, would be extremely difficult and possibly counterproductive: it might lead, for instance, to duplications of services and to the exclusion of students from certain areas. Students are a low-cost source of skilled labour in all the professions attached to medicine: indeed in nursing it would probably be impossible for many hospitals to be run without nursing students. I have never seen this costed. Pressure from medical students, however, is bound to erode this, and it is difficult to know whether this is good or bad. Training is an 'academic hot house' and may create new professionals who have little grasp of the realities of the service, or the people who are served, and 'learning by doing' or by experience must be at the centre of medical training. However, it is soul-destroying to feel that one is being used as a drudge when one trying to learn, and if there is no time to reflect on or internalise the lessons of experience the only learning may be that one should steer clear of that experience in future! The boundaries between education and service are vague and ill-defined and the balance within the curriculum and the clinic hard to find. Ideally it should be a personal solution.

MR ROBINSON
Exactly, and this is why I feel that the amalgamation of small units of education into larger ones simply on the grounds of economy is so dangerous. Leaving aside the (possibly questionable) assumption that larger units are cheaper per student than smaller units, I want to turn the debate to look at the product – the fully fledged doctor or nurse. By analogy with the move to Comprehensive Schools in the country, one would expect an argument for the larger units to be that they would be more flexible in their timetables and in the range of learning options open to students, and thus the 'personal solution' that you mention would be more easily attainable. In practice however, it seems very unlikely that our newer Comprehensive Schools are offering a truly broader choice in fact, and the impersonal element and deadening effect of peer pressure often reduces a keen student to a state of sullen semi-compliance. Even if you do not accept my analogy, it is hard to see what advantages accrue to the *student* from larger education units.

DR LAKE

If medical education is partly through 'modelling' on others' behaviour, a larger number of models is bound to be a help, so that the student can pick the one that suits him or her best. Lecturing can be done to three hundred students as easily as two hundred. Small groups and individual tuition however, would not seem to benefit much from larger units, as there is a maximum size of group for efficient group learning, and primitive mathematics makes me feel sure that lecturers and clinical tutors do not come any cheaper in dozens than by tens! The trend in all education is to develop small group learning, and if these economies reverse this trend at this point I think it would be disastrous.

DR JASON

The problem is often one of evidence. Do we know that students learn better in small groups than through lectures? Do we know what are the optimum sizes of group which enable students to feel fully involved in their studies? Examination results might give some guidance, but then perhaps this is a complicated form of tautology – confirming that we are teaching what we have decided to teach. I think that there are many things, especially attitudes and styles of communication that we teach students that we are not conscious of doing, and were we to be faced with this objectively, would wish not to teach. Since society is changing so fast, we are faced with finding teaching methods that can be flexible enough to cope with society's changing demands as well as students' individual needs.

DR ADAMSON

Another point debated in this report for which there is little evidence offered is that of whether students educated in the initial stages with students of other disciplines have a different education from those who are not: and this has to be weighed, in institutional terms, against the effect of early exposure to clinical problems or normal behaviour based on family visits which is organised from the hospital or local community in the newer integrated courses. For geographical reasons it is often not possible to combine the two experiences. We have, as yet, only anecdotal comparisons between these two experiences so far as I can judge.

DR MCINTOSH

Some may see these proposals as radical, but I find them not radical enough. They are simply concerned with administrative details, but what we need is a review of medical education altogether. What we can no longer afford is not so much the training but the attitudes behind the training – the attitudes of doctors who are trained not as medical students but as embryo hospital specialists, knowing and caring little for the ordinary patient and his ordinary problems and conditions, and seeking always for the the physical and exotic through expensive and painful investigations. They and their patients are alienated by our present type of medical training, and we need a total reappraisal not just of its methods but of its basic aims.