OVERVIEWS

EDMUND D. PELLEGRINO, M.D.

Teaching Medical Ethics: Some Persistent Questions and Some Responses

In just over 20 years, medical ethics, alone or in association with the humanities, has become part of the curriculum of virtually every medical school in this country.[1,2] Nine of these curricula are described in this issue of *Academic Medicine*. Equally impressive examples from other medical schools could easily have been included. All attest to the vitality and variety of this kind of teaching. Given the legendary impregnability of the medical curriculum to change, this is a remarkable achievement.

Despite these successes, however, some thoughtful and influential educators remain unconvinced.[3] This residum of serious doubt poses a threat to the long-term viability of the new programs. Without detracting from current successes, it is important to identify the major questions posed by the critics and to attempt some responses.

Accordingly, I have chosen to reflect on seven of the questions I have most frequently encountered from friendly and not-so-friendly critics.

Some of these questions are answered by the evidence in the articles in this issue; others are not. Some of these questions result from misunderstandings, and some reflect the "two-culture" mentality still dominant in medical faculties which divides the world into "hard" and "soft" knowledge. Still others have a validity or intractability that must be recognized. None are trivial, and none can be ignored or treated condescendingly. The academic landscape is littered with the remnants of once-proud innovations that bear witness to the perils of survival for even such needed programs as those described here.

I shall focus on medical ethics, since this is the segment of humanistic teaching with which I am most familiar. Similar questions have been raised about the humanities, social sciences, and "human values" that are often taught concurrently with ethics. Much of what is said in response for medical ethics would apply to these fields as well.

Does teaching medical ethics make a difference? One of the most frequent criticisms of all present programs is the lack of evaluation. Only one or two of the programs in this issue even attempt evaluation. What evaluation there is consists of student responses. These are useful to correct methods of pedagogy, course content, or objectives. But they do not go to the heart of the challenge we so often hear: Does teaching medical ethics or the humanities have a measurable effect on the behaviors of physicians who have had such courses?

This is a fair question, but there is now no good method by which to arrive at a satisfactory answer. Outcome data of the kind sought would require a massive controlled study of physician behavior, but the expense, complexity, and dubious reliability of such a study prohibits it. However, data of this kind are lacking for other items in the medical curriculum as well. There is, for example, no proven correlation between the teaching of anatomy or biochemistry and the scientific quality of a physician's practice. Most of the medical curriculum, it must be admitted, is based on indirect evidence and the faith that exposure to a subject results in some degree of infection. In one study, for example, physicians who had courses in ethics perceived themselves better prepared to make the ethical decisions they confronted in daily practice.[4]

In addition, a wide spectrum of activities new to medical life, and even unimaginable two decades ago, has become commonplace: medical ethics is taught at the bedside in clerkships, residencies, and ethical grand rounds; physicians increasingly participate in hospital ethics committees, conferences, symposia, and panels at professional society meetings; journal clubs and brown-bag lunches are common; and an endless array of topics in ethics is offered in continuing education and in articles in every specialty-sponsored journal. More and more physicians are engaged in empirical research in ethical values and decision-making processes.

Clearly, physicians today are far more conversant than ever before in identifying, analyzing, and resolving ethical dilemmas. Increasing numbers of them are undertaking the serious study of ethics. Some are pursuing advanced degrees and are entertaining careers as medical ethicists. Of course, not all of this is directly the result of ethics teaching in medical school. But neither is the influence of such teaching negligible.

Should ethics be taught in medical school? Some critics will concede the value of teaching medical ethics but argue against its place in the medical curriculum. They

fear that valuable time will be taken from more "basic" subjects. Yet the time allotted is usually small. The most effective teaching usually occurs in the clinical setting, in the course of the ordinary activities of clerkship or residency. If physicians are weak in science, it is not for lack of intensive and prolonged exposure, nor is the deficiency likely to be remedied by an additional 30 classroom hours or so of "hard" science.

To be sure, students ought to study ethics before entering medical school. The medical school should not replace family, church, and college. But even if the student has previously studied ethics, its applications still need to be studied at the bedside. Here it becomes clear that ethical decisions are an essential part of being a good physician. The better the students' prior ethical education, the better they can appreciate the nuances and complexities of medical ethical choices. The less that prior education, the more the student needs instruction in ethics in the medical schools.

Can ethics be taught? Some critics take a strongly nihilistic view of the whole enterprise of moral philosophy: They seriously doubt that ethics can be taught at all. Even if it could, they ask: "What good is it since it can't prove anything? Knowing ethics doesn't necessarily make one a good person."

Ethics can indeed be taught. It is a branch of philosophy, a discipline with its own content and method, as teachable as any other discipline. Ethics, as Aristotle taught, is an eminently practical discipline. It deals with concrete judgments in situations in which action must be taken despite uncertainty. This is precisely what must often be done in clinical medicine. It is hard to see how a discipline that aims to make ethical decisions more orderly, systematic, and rational could be deleterious or how leaving everything to sentiment or feeling could be preferable.

Skepticism, however, is justified if a knowledge of ethics is expected to guarantee virtue. Courses in ethics cannot close the gap between knowing what is good and doing it. Virtue is acquired by the repeated performance of right and good acts. It is best taught by good examples on the part of those we respect. This places a heavy moral responsibility on medical teachers to be models of ethical behavior. The aim of ethics teaching should be defined realistically and unpretentiously. It is not to make physicians into ethicists any more than courses in biochemistry can make them biochemists. The attainable objectives are: (1) to teach the skills of ethical analysis essential to making medical moral choices, (2) to raise sensitivities to ethical issues in everyday clinical practice, (3) to enhance critical reflection on one's personal values and obligations as a physician, and (4) to identify the substantive ethical assumptions underlying clinical decisions. These aims can be tested objectively and graded.

Whose ethics is being taught? In a pluralistic and democratic society, there is an understandable concern that ethics might be used for overt or covert indoctrination. This is an unlikely possibility, for several reasons. First, students come to medical school with their own values, which are not much changed by an ethics course.[4] Second, today's students are nurtured in a pluralistic society. They resist indoctrination because many of them are unconvinced of the superiority of one system over another. Finally, the best protection against indoctrination by someone else's ethical values is possession of the skills of critical ethical judgment. This is precisely what a good class in ethics should provide.

None of this means that the teacher must be morally neutral. Students should state and examine their own ethical positions. The student will conclude that ethics is of little value if the teacher is unable to state a personal position and defend it. This is the best example of "doing" what ethics is about.

What does the professional ethicist contribute? Many physicians are skeptical about what the trained ethicist contributes to a clinical decision. They are certain that they teach ethics "every day" and that there is no need for "outsiders" unschooled in the intricacies of clinical decisions.

The courses described in this issue illustrate the narrowness of this viewpoint. Professional humanists and lawyers have organized and taught medical ethics successfully, both in the classroom and at the bedside. Indeed, the entry of philosophers into medical ethics 20 years ago transformed it from etiquette to a respectable intellectual discipline. Physicians and patients have gained much by the examination of the fundamental and practical questions of biomedical ethics. A medical education is no guarantee of competence in teaching medical ethics.

Trained ethicists bring a degree of objectivity, a knowledge of the literature of ethics, and the skills of analytical thinking that are not part of the physician's education. The most successful among them have gained an impressive familiarity with clinical language and medical fact that enables them to be full partners in grappling with complex ethics issues in the clinical setting.

Ethics—yes—but why humanities and social science? The relevance of ethics to medicine is more apparent to critics than are the relevances of some of the other disciplines taught in these programs. They accept the immediacy of ethics in the face of the multitudinous and complex ethical dilemmas of the day. But the values of literature, history, or anthropology seem more distant.

Several of the articles in this issue attest to the value of humanistic studies beyond ethics. Some argue for their relevance for ethics as well. The aim is, again, not to substitute for the deficiencies in premedical or liberal education. Rather, it is to make those connections of the humanities to everyday life and culture that are essential if medicine is not to become merely the agent of applied technology.[5,6,7]

Literature, for one example, can teach empathy and sensitivity to the "story" of the patient's illness. It nourishes the imaginative elements so often neglected in the pursuit of factual knowledge. Literature is also rich in symbolic, linguistic, and cultural nuances that can enrich the student's own life as well as enhanci- his or her capacities as a healer.[9]

This is not the place to make a case for each discipline offered in these programs. One of the unresolved questions is just what constitutes the combination of disciplines that best enables students to become ethically sensitive, literate, and compassionate human beings.

Conclusion

The course descriptions in this issue give ample evidence that teaching ethics, the humanities, social sciences, and human values generally has come of age. There is every promise that ethics, and some combination of the other disciplines as well, will be among the more lasting of the many innovations medical education has seen in the last 50 years. This is largely because the sociocultural forces that have generated the need for this kind of teaching will strengthen in the technological, democratic, morally pluralistic society into which we are evolving.

The questions and criticisms I have cited will not reverse this trend. But they can impede the funding, growth, experimentation, and faculty acceptance necessary for its optimum realization. The potentialities inherent in teaching ethics, humanities, and human values to the physicians of the 21st century must be realized as fully as possible.

Dr. Pellegrino is director, Center for Advanced Study of Ethics, and John Carroll Professor of Medicine and Medical Humanities, Georgetown University, Washington, D.C.

References

1. Bickel, J. *Integrating Human Values Teaching Programs into Medical Students' Clinical Education.* Washington, D.C.: Association of American Medical Colleges, 1986.
2. Pellegrino, E. D., and McElhinney, T. K. *The Humanities and Human Values in Medical Schools, a Ten-Year Overview.* Washington, D.C.: Society for Health and Human Values, 1982.
3. Seldin, D. The Boundaries of Medicine. *Trans. Assoc. Am. Physicians* **94**(1981):72–86.
4. Pellegrino, E. D., Hart, Richard J., Jr., Henderson, Sharon, Loeb, Stephen, and Edwards, Gary. Relevance and Utility of Courses in Medical Ethics: A Survey of Physicians' Perceptions. *JAMA,* **253**(1985):49–53.
5. Callahan, D., Caplan, A. L., and Jennings, B. *Applying the Humanities.* New York: Plenum, 1985.
6. Pellegrino, E. D. *Humanism and the Physician.* Knoxville, Tennessee: University of Tennessee Press, 1979.
7. Cassell, J. *The Place of Humanities in Medicine.* New York: Hastings Center, 1985.
8. Trautman, J. *Medicine and the Comic Spirit* [Third John P. McGovern Award Lecture]. New Orleans American Osler Society, May 3, 1988.