ETHICS MAN Daniel K Sokol

Searching for medical Rumpoles

Strong characters are needed to illuminate ethicolegal training

This time last year around 100 teachers of medical ethics assembled to thrash out a new consensus statement on the ethicolegal training of future doctors. The existing statement, published in 1998, was showing signs of age (J Med Ethics 1998;24:188-92). Consultation was thorough, involving the General Medical Council, the British Medical Association, and many other stakeholders. This month the Journal of Medical Ethics published the new statement (J Med Ethics 2010;36:55-60). It is ambitious and admirable. (As a signatory I am, admittedly, biased.) Students, at the end of the revised course, should be familiar with a number of key topics, from professionalism to medical research; be able to “consider, apply and reflect critically on the ethical and legal bases for clinical decisions”; and “identify values of different stakeholders,” including their own. In an accompanying editorial Saren Holm and John Harris note that any medical student who has achieved all the learning outcomes will have “a solid basis in ethics and law” (J Med Ethics 2010;36:3). Solid indeed, for I doubt that many professional ethicists would be able to tick all the boxes. Only now, after studying law formally, do I realise how little I understood. Only after spending time in a hospital did I realise that much of what is essential in clinical ethics could not be learnt in books. Still, it is better to aim high than to aim modestly, even at risk of falling short, and the revised curriculum is an upgrade of its prior incarnation.

Arriving at a consensus statement is a hard grind, but tougher still is getting it implemented in the medical school curriculum. Implementation will require work and perhaps, in some cases, a radical overhaul of current arrangements. The authors of the statement emphasise the need in a medical school’s staff for at least “one full-time senior academic in ethics and law with relevant professional and academic expertise.” Several medical schools do not currently satisfy this condition. A related problem is finding good teachers. The most fascinating of subjects will seem arid in the wrong hands. A splendid curriculum is wasted if it is improperly delivered—whether too theoretically, too practically, or too boringly.

I now come to that most uncomfortable question. Does teaching medical ethics and law make a jot of difference? If so, is it a positive one? A key challenge in assessing the value of teaching ethics and law lies in the difficulty of knowing how to measure its impact on clinical practice. It would be unethical to teach the subject to one batch of students but not to another and then compare the two groups several years later, perhaps in terms of complaints filed against them. This would also be of dubious value, for the most saintly of doctors can be subject to complaints. The bioethicist Judith André was surely right when she said that teaching ethics to medical students was an act of hope. Teachers simply do not know whether their efforts will make a positive difference to students. Without conclusive evidence the only way to maintain our enthusiasm, as teachers, is to hope that it does. In any event, even if we were tempted to stop teaching the subject, we can be pretty sure that patients and members of the public would these days insist on it.

Are doctors today more ethical than those of 50 years ago, who had no formal training in ethics and law? Probably not, yet his critics would be fewer and less self assured had they studied it. It would be foolish to expect miracles from the teaching of ethics and law: there will always be indecency and poor judgment, whatever the teaching. But to dismiss the activity as pointless because its impact cannot be shown conclusively is to discard a large swathe of worthwhile human activity.

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Additional references are available on bmj.com
Cite this as: BMJ 2010;340:c42