Teaching and Learning Ethical Issues in Medical Education

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The primary objective of medical education is to educate medical students to become qualified and competent physicians and surgeons. Of course, 4-6 years of university education, which is usually the length of medical education in most countries, may not be sufficient to make any qualified medical students to become quite competent physicians and surgeons.

They need postgraduate training for at least a few years in teaching hospitals and other proper settings, depending upon the specific field in life sciences and clinical disciplines. Moreover, rapid progress in techniques in molecular and cellular biology have expanded our knowledge in physiology and pathophysiology of our body systems in health and diseases.

These new developments should also be taught in medical school years in addition to the traditional basic medical sciences, clinical sciences, and clinical training courses. It should also be noted that any knowledge acquired during medical school years may become obsolete within 5-10 years of graduation, thus any physicians and surgeons need to continuously update their knowledge and clinical competence and skills to better serve needy people. Then how we could achieve the goals of medical education within a fairly limited time frame of let us say 4-6 years of medical school?

Over the past decade or so, there have been many attempts to improve medical education to meet the needs of students and faculty. As stated already, recent discoveries in molecular biology should be taught during medical school years as well as such classics in the basic sciences of anatomy, physiology, biochemistry to the core skills of clinical medicine, such as internal medicine, surgery, paediatrics, psychiatry. To achieve these goals, and to continuously update physicians and surgeons during postgraduate years, and even during daily practice of medicine after many years of graduation from medical school, the concept has become introduced of medical education in medical school being the years of training to learn and acquire skills to identify and solve problems. The most typical and well known example of such a concept, and a curriculum based on such an concept, is the one developed by Harvard Medical School under the leadership of Daniel Tosteson, Dean of the School. This programme called “New Pathway” is based on the curriculum and concept developed originally by McMaster University in Canada and the University of Newcastle in Australia.

This programme is principally based on small group teaching or rather learning by the students with the faculty functioning as a guide for self learning processes. The faculty guide should not intervene the course of student self-learning process unless it begins to deviate too far. Another characteristics of the program is the introduction of actual cases for students to study and examine right from the beginning of medical school. This is in contrast to the traditional medical school curriculum in which anatomy, physiology, biochemistry are the primary subjects during the first year. In these first two years of “basic sciences”, students are taught and trained to become self-learners so that they can and will continuously be able to solve problems in the real world and keep learning of new developments in biomedical sciences.

During the last six months or so of the first two years, students are introduced to clinical medicine and pathophysiology of the disease. After the fairly quick introduction to clinical medicine, two years of clinical learning ensue in which “clinical clerkship” is the prevailing teaching format. In the clinical clerkship process, medical students function primarily as junior physicians on the team in hospital wards and clinics.

In this curriculum, how may medical ethics be taught and learned? Ever since the early stages of training as a medical doctor, the ethics of the medical profession have been an integral part of the practice of medicine. However, the actual conduct of medical practice consistent with the ethics of medical profession may vary from one culture to another. For example, what do you do when a woman has been beaten by
her husband? Or a woman claiming that she has been "raped" by her husband? A child has been abused, but to what extent be a criminal act? Could a child be subjected to gene analysis for Huntington's disease because of a family history? Who can authorize such an analysis? The parent or the child?

These educational processes could be enriched and properly executed by exposing medical students early in their curriculum to such real cases and by letting them participate in the process of discussion and problem solving. They will realize that life is very complex and there are no textbook answers to many of the questions they will face as a physician and surgeon.

During their clinical clerkship years, medical students will, by working together as a junior physician of a team, have to face and learn everyday about the actual problems and issues surrounding patients and their families. They will learn by participating with the team on decisions and by these processes they will grow to become physicians and will learn to work with others including colleagues, paramedics, patients and their families. It should be noted that education of medical ethics cannot be executed properly and effectively in one-way didactic lectures. Rather it can be taught effectively by bringing medical students into actual contact with patients and real clinical settings, since there may not be any right or wrong answers to many of the issues which face actual patients, and there may be no specific recommendations or solutions. In addition, textbook descriptions which may fit perfectly to one culture may not be applicable in another culture. We must not only teach and learn as medical professionals knowledge of science and the practice of medicine, but also learn and acquire wisdom of mankind, because that is what often dictates the decision making processes of medical doctors on behalf of the patient and his or her family, thus better to serve the society we live in.