

The evolution of medical ethics education at the Medical College of Wisconsin

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Background

The subject of medical ethics has long been part of preparing medical students for their duties as professionals and educating them about the ethical issues they will face. Traditionally, students have learned part of medical ethics by observing their professional role models in clinical care. Students have also been instructed more formally through statements of medical ethics by the American Medical Association's (AMA's) Code of Ethics, which was first enacted in 1847 and has since been expanded in biennial editions.¹ The Hippocratic Oath, emphasizing such principles as confidentiality and acting solely for the benefit of patients, was incorporated into medical school education, and the majority of medical schools' graduating classes recited the oath during graduation ceremonies.²

Medical schools often looked to their faculty for lectures in medical ethics. For instance, the Marquette University School of Medicine, the predecessor of the Medical College of Wisconsin (MCW), offered a course in medical ethics and

medical jurisprudence taught by a pathologist, a Milwaukee County Medical Society director, and a medical school regent who was a Jesuit priest.³ The course used the AMA Code of Ethics and, as was true of the Code at that time, the course's emphasis was more on the ethical relationships between doctors than the ethical issues in patient care.⁴

In the mid-20th century, a change in emphasis and a widening of scope in medical ethics had begun. The Hippocratic Oath did not ask physicians to consider the patient's opinion or to inform the patient about medical decisions, but now the ethics of the profession were being shaped as much by forces outside the profession as within. The field of bioethics emerged, stimulated by a new legal emphasis on the requirements of patient-informed consent, and a re-examination of topics such as research ethics that, in light of abuses in research, concentrated on protecting human subjects.⁵

The Belmont Commission, a governmental body charged with delineating principles of research ethics, issued a report in 1979 that identified 3 basic principles: respect for persons, beneficence, and justice.⁶ The Belmont Report was instrumental in the development of the federal rules governing research, known as the Common Rule, which emphasized voluntary subject con-

sent for research.⁷ Bioethics, as a discipline, was furthered by Tom Beauchamp, a philosopher (and contributor to the Belmont Report) and James Childress, a religious studies scholar, in their seminal work, *Principles of Bioethics*, which set out 4 major principles for bioethics: autonomy (patient self-determination), beneficence (acting for the patient's benefit), non-maleficence (not harming), and justice (allocating health care resources fairly).⁸ These principles were to be used in analyzing various ethical dilemmas in medicine.

Medical school bioethics courses began using the *Principles of Bioethics* and incorporating the "new" principle-based approach to bioethics into their curricula rather than relying on the Hippocratic Oath or the AMA Code of Ethics; many medical schools' bioethics courses (including MCWs') no longer used either of these traditional sources. However, the use of principles as an approach to analyze medical ethics cases had some limitations since none of the principles was primary, but each was to be weighed against the others. Thus in many cases, all could not agree on which principle in a given case might direct the outcome of the issue.

The call for a more practical approach to bioethics was spurred, in part, by Albert Jonson (another contributor to the Belmont Report) and Stephen Toulmin, in their analysis

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of the history of case-based reasoning using ethical paradigm cases.⁹ A case-based clinical analysis of medical ethical issues was incorporated by Mark Siegler, William Winslade, and Albert Jonsen in their book, *Clinical Ethics*.¹⁰ This more practical approach for clinical issues also took hold in many ethics curricula, including the Medical College of Wisconsin's.

Problem Based Learning

The 1980s were also influenced by a movement in medical education known as problem based learning (PBL), in which students were required to work in groups to formulate more completely the problems they were assigned, to understand what tools they needed to resolve the problems (including additional information that they would need to obtain on their own), and to bring this information back to the group to be able to resolve the assigned problems.¹¹ This pedagogical approach was helpful in building problem analytical and resolution skills by students as well as learning how to collaborate with colleagues. PBL was incorporated into the curriculum and 2 innovations based on PBL would endure: the use of student-led small group discussions and small group supervision by faculty "facilitators," who acted as guides and resources rather than lecturers.

MCW's Approach

In the mid 1990s, MCW's Curriculum and Evaluation Committee recognized the growing importance of palliative care and the ethical issues that arise at the end of life as having an integral connection to the teaching of medical ethics. Another smaller course in palliative care that included the principles of palliative care and end-of-life care was incorporated into the larger medical ethics class

to create one of the few medical school classes in the country that combined medical ethics and principles of palliative care.

The Course

The 30-hour second year Medical Ethics and Palliative Care course combined many traditional medical ethics issues (such as professionalism, confidentiality, and the doctor-patient relationship) with some of the newer bioethics topics with their concentration on autonomy (such as informed consent, the determination of decision making capacity, reproductive issues, and physician assisted suicide) and other specialized topics (pediatric and neonatal ethics, organ transplantation issues, allocation of health care resources, and genetics and ethics). Added to these were the ethical issues of end-of-life care (such as withholding and withdrawal of life-sustaining medical treatment) and the principles of palliative care, as well as the importance of family relationships and patient spiritual values in end-of-life care.

Practical exercises in communication were added to the course through the use of Objective Structured Clinical Examinations (OSCEs), in which students play the role of physician who must disclose "bad news" to the "patient" (i.e., faculty who played the role of patient). Students must complete these exercises successfully, and faculty work to ensure that all students learn this basic communication skill.

Another innovation of this course, based on the PBL model, has been to assign pairs of students to lead specific small group sessions while faculty act as "facilitators" of student learning. The students must prepare an outline to hand out to the small group at the session, to speak about the assigned topic, and to lead discus-

sion of the cases. Faculty are used as knowledgeable resources who ensure that discussion is informed and collegial. Faculty with special educational expertise monitor the small group sessions to evaluate the facilitator-student interaction.

In addition to the course syllabus, students also read selections from Bernard Lo's text *Resolving Ethical Dilemmas: A Guide for Clinicians*¹² as well as a pocket guide written by faculty that is designed for use during clinical rotations.¹³ Notably, the AMA *Code of Ethics*¹⁴ has re-entered the curriculum. The AMA's Council on Ethical and Judicial Affairs has gone beyond its original emphasis on interprofessional relations and turned to many important bioethics issues, including informed consent and autonomy in the doctor-patient relationship, and the course has incorporated the AMA Code of Ethics statements on 16 important issues in bioethics. The Hippocratic Oath has also re-entered the course, so that students understand the history and the implications of their voluntary profession of the oath and their obligation to adhere to the principles of the ethics of medicine. At their graduation, MCW students recite a modern adaptation of the Oath.

Additionally, humanities have been used in the course for teaching important medical ethical concepts. Students read 5 non-fiction essays by physicians who describe difficult ethical issues and their thoughts and actions concerning them.¹⁵ They also read the work of a physician-poet, who, in poetic form, describes some challenging clinical encounters with ethical issues.¹⁶

Grading

Students are graded on small group discussion preparation, interaction, and leadership, and given a final examination.

Evaluation

The course receives high rankings by the students at the end of the semester. After they graduate, these students retrospectively rank their training significantly higher than the national average in various aspects of bioethics, including biomedical ethical principles, ethical decision making, ethical issues at the beginning and end of life, and genetics and ethics.¹⁷

The medical students receive more education in medical ethics in their clinical rotations. In the third year, required ethics seminars in pediatrics have been developed, which include both case-based and narrative approaches to pediatric ethics. There are also monthly ethics grand rounds that students may attend. Significantly, the time the students spend with their facilitators in the Medical Ethics and Palliative Care course likely will be the most extensive time students will spend in their training with the same instructors grappling with a full range of medical ethics topics. Thus, these facilitators are both teachers and role models whose impact on the students' medical ethics education is remarkable.

The success of the course is due to the faculty who teach in the course and the volunteer facilitators who give generously of their time to educate the next generation of physicians. The MCW medical ethics curriculum will continue to adapt as medical educators pursue innovations in training students in the ethics of the profession, but the core values of the profession will always remain the touchstone by which the next generation of physicians will be educated.

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