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# Ethics in Medical Training

Joseph S. Elborn

*The following is the text of a talk given by a medical student at Queen's University, Belfast, Ireland. It was sent to Linacre by the NCFPG spiritual advisor, Msgr. Dino Lorenzetti.*

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## Introduction

As a medical student of the Queen's University of Belfast, I would like to present a short, subjective view of a fairly typical, long-established, undergraduate medical course. I would also attempt to express some prevalent attitudes among undergraduates toward moral and ethical issues as encountered in the medical course.

## Ethical Teaching

I would first state that there is no attempt at Queen's or many other medical schools in the U.S. to raise, examine or teach any general moral or ethical issues that are in any way contentious, the view being expressed by our teaching committees that each specialty should discuss any "thorny" moral issues relevant to their particular practice of medicine. To this end at Queen's, the forensic medicine course sets out to explain medico-legal aspects of the medical ethic such as confidentiality, doctor's duty to his patient, etc., but carefully avoids any attempt to discuss more general issues as they affect medical practice. The department of geriatric medicine teaches on the care of the dying and aged and has, I am happy to say, produced a very rewarding clinical course which has a reputation among students of being refreshingly "people oriented" as compared to the more general academically orientated courses. This, unfortunately, is the limited extent of ethical guidance we receive as undergraduates.

The department of obstetrics and gynecology makes no attempt to raise the moral issues surrounding abortion, fertility and contraception. The pharmacologists will only teach on half lives and side effects and, for example, give no opportunity to see medicine as practiced in persons.

## Science and Morality

I find the failure of my medical school to attempt any sort of seminar or discussion into moral and ethical issues disturbing because I believe this will be increasingly reflected in the quality of the practice

of medicine in the future. With the pressures of selection, more and more medical schools throughout the U.S. and, I suspect, Europe, are admitting to their schools students who have in the majority had a purely academic secondary education with a major emphasis on science subjects. Scientific thinking is so taught and presented throughout secondary and tertiary education that by the time the school student becomes an undergraduate medical student, science has become an end in itself. This, I believe, is producing a mobility within most undergraduates to see past the science to the application of that science for the good of people. The trend of total orientation of the medical course around purely scientific teaching and academic achievement is turning out young doctors who may have knowledge in abundance but are bereft of the wisdom which they will need to apply that knowledge for the preservation of quality life of the individual for the edification of the community in which they practice.

The lack of ethical training is, I fear, sadly reflected in the undergraduate population which, in its obsession to pass examinations, seems to have an overwhelming apathy toward ethical and moral issues. At a lecture last year on the forensic aspects of abortion, another student and I distributed leaflets on abortion to a clan of 150 medical students. Only a minority made any comment on the leaflet or abortion in general. Those who did react, simply accepted the status quo of the profession, that is, were pro-abortion. They felt that because it was done, it was right; because it was legally permissible, why should they question it? This paralysis of thought is in stark contrast to the intellectual questioning of students in general 12 to 15 years ago. But today we are students drugged by selfishness, permissiveness, materialism, liberal thought, and perhaps worst of all, lack of effective leadership. There is also a fear, groundless, I hope, that questioning established practice might upset some consultant's pet beliefs, and as a consequence, he might fail a student in final examination. More and more I find my fellow students desiring to keep the apple cart upright and being distressed by any one alluding to upset it, hoping that by keeping quiet, examination success and, subsequently, promotion and status in the profession will come more easily.

### Teaching Responsibility

Would this situation be different if we undergraduates were in some way exposed to moral and ethical dilemmas?

As a student I firmly believe that not only is guidance by our teachers in moral and ethical considerations desirable, but it is also an absolute necessity if we are not to become technicians requiring no more feeling or human competence than a motor car mechanic. Thus I feel the teaching staff must re-examine its own views and re-analyze the

end of the undergraduate course. As is often said, the purpose of the final medical examination is to ensure that the medical student is safe to be turned out into the community-at-large to practice his medicine. At present, I believe the newly qualified doctor may be technically safe, but is he or she morally or ethically safe and qualified to encounter the various attitudes and desires of the community even on major and ethical issues such as abortion, contraception and euthanasia, having perhaps never confronted himself or herself on these issues? Many of our undergraduates have encountered little of life and its attendant problems, graduating as young as 22 or 23. All we are exposed to is science.

I believe that some attempt must be made in undergraduate courses to at least present the demands of our modern, liberal society on the scientific skill of the doctor. The majority of clinical teachers I have encountered are loath to make any moral judgment or comment on contentious issues. I would ask them not only to give us the benefit of their technical knowledge, but also to give us the benefit of their wisdom, judgment and experience of people in applying that knowledge. I would ask them to teach us to think not only about pathology and biochemistry, but also about right and wrong, life and death. The need for wisdom in the application of medicine is of paramount importance if a second Holocaust is to be avoided. I am aware *wisdom* is hard to teach, but is this an excuse for leaving students morally bankrupt? Wisdom comes by experience which the students do not have but our teachers do; and I would plead with them to "instruct us in the ways of wisdom." I realize that we all may not agree, we may be poles apart, but at least we can encourage each other to think and examine our own interpretation of the medical ethos.

To a very large degree, the undergraduate is shaped by his teachers, and with this comes the responsibility to guide those given to the teacher's care and instruction. Our university teachers must teach us to think about the morality of medical care and guide us in the truth. For this I pray that they will see the truth. As I speak to you, doctors and professors dedicated to life and moral values, I would ask you to guide and teach your students, for we are in dire need of your wisdom. I would ask this conference to resolve to encourage and support undergraduate framing and discussion on moral and ethical issues and invest your wisdom in the medical profession of the future. I would end by quoting Rabbi Moshe Beib Maimon (Miamonides): "Imbue my soul with gentleness and calmness when older colleagues, proud of their age, wish to put me aside or scorn me or teach me disdainfully. May even this be of advantage to me, for they know many things of which I am ignorant. . . . Bless me with a spirit of devotion and self-sacrifice so that I can treat and heal thy suffering servants and prevent disease and preserve health and life to the best of my ability and knowledge."