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7-5-2013

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Downie, Jocelyn and Baylis, Francoise, "Ethics Education for Canadian Medical Students" (2013). *Research Papers, Working Papers, Conference Papers*. 15.
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Ethics Education for Canadian Medical Students

FRANÇOISE BAYLIS, Ph.D., and JOCELYN DOWNIE, M.Litt.

Abstract—This study was designed to determine the nature, extent, and quality of medical ethics education for students in Canadian medical schools. In 1989, a questionnaire that used primarily open-ended questions was sent to all 16 Canadian medical schools; they all responded. Significant findings include the following: 15 of the 16 schools provided some ethics education (with wide-ranging objectives); the amounts of time allotted for such instruction ranged from ten and a half hours to 45 hours (per degree, not per year), with no discernible pattern in the distribution of hours across the years; most teaching was case-based and issue-oriented; most instructors were physicians; and almost all the schools conducted assessments of students using a pass-fail standard. *Acad. Med.* 66(1991):413–414.

The increasing incidence, complexity, and severity of ethical problems in contemporary health care underscore the need for ethics education for medical students. Technological advances in medicine, decreasing health care resources, the recent development of interprofessional team medicine, the increasingly multicultural nature of society, and the patients' rights movement present physicians with dilemmas not easily resolved by reflection on the traditional sources of ethical directives. In a number of countries, these factors have acted as catalysts for the development of ethics education programs for medical students. These programs have been the subject of numerous studies; the present report presents recent data concerning the ethics education programs in Canadian medical schools.

Method

In 1989, the authors prepared and mailed an 18-item questionnaire to all 16 Canadian medical schools. The questionnaire used primarily open-ended questions concerning the major characteristics of each school's ethics education program.

Results and Discussion

All the schools completed the questionnaire, and disclosed the following characteristics of their programs.

Rationale

Fifteen of the 16 Canadian schools provided some medical ethics education. (Queen's University, in Kingston, Ontario, the only medical school that did not currently provide such education for its students, planned to introduce a medical ethics program in the fall of 1991.) The rationale that the 15 schools provided for having an ethics program was that ethics education helped prepare medical students to deal with the many difficult ethical problems that arise in contemporary health care. Some schools also maintained that they offered courses in medical ethics to respond to students' interest, faculty enthusiasm, and the requirements of accrediting agencies.

Course Hours

The numbers of required hours of ethics education varied tremendously from one school to another. Among the schools that provide ethics education, the range was between ten-and-a-half and 45 hours (per degree, not per year). The average was just under 23 hours. Ten of the 15 medical schools fell below this average. By comparison, the other five schools had between 26 and 45 hours of medical ethics education in their core curricula.

There is wide agreement that the number of hours allotted for a particular subject in the medical curriculum is often (though not necessarily) proportional to the perceived importance of the subject.[1] For this reason, it is disturbing that so few hours were made available for medical ethics instruction. Also of concern was the failure of any school to devise a comprehensive medical ethics program that started in the first year, spanned all of the years of medical school training, and took into consideration the increasing clinical experience of the students.

Course Objectives

Most of the medical schools that provided medical ethics education at the time of this study listed among their objectives the recognition of issues and dilemmas; familiarity with ethical principles and concepts; and awareness of one's own values and the values of others. Other common objectives identified included the development of skills in reasoning and analysis and the development of a

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framework or methodology for conflict resolution. Course objectives identified less frequently included understanding the moral nature of medicine, understanding the relationship between law and morality; and developing a familiarity with the bioethics literature. An objective rarely mentioned was familiarizing students with theories of morality.

Generally speaking, the course objectives identified by the schools seemed appropriate, given the nature of the ethical problems that now confront physicians. However, they were overly ambitious given the limited numbers of hours allotted for medical ethics education. How can so much be achieved in so little time? This is not to suggest that the course objectives should be downgraded, but rather that more time should be made available for medical ethics education so that the stated objectives can be realized.

Course Instructors and Coordinators

There was significant disagreement among the schools about the place of philosophers and persons with training in religious studies or theology (as compared with the role of physicians) in the teaching of medical ethics. All of the Canadian medical schools that provided medical ethics education made significant use of physicians as course instructors and/or coordinators. (With one exception, 50% to 100% of the instructors and coordinators at each school were physicians). In contrast, only 11 of the schools used philosophers as course instructors or coordinators and only six used persons with training in religious studies or theology in either of these capacities. Two universities had no instructors or coordinators whose training was in philosophy, religious studies, or theology. One university used only physicians.

In addition, members of the legal profession were often heavily represented. Seven of the 15 medical schools had lawyers among their course instructors. Also, some schools used instructors from social work, economics, administration, sociology, pastoral care, dentistry, and research. Only one school invited patients to address students, and one had a patient advocate as a guest speaker.

Course Content

Course content focused primarily on specific ethical issues such as euthanasia, the withholding or withdrawal of life-sustaining treatment, new reproductive technologies, abortion, the allocation of scarce medical resources, and transplantation. This focus was not surprising given the reported reliance on the case study approach to illustrate the importance of certain moral principles and conflicts. What was perhaps surprising is that only six of the medical schools included any discussion of ethical theories and only five of the schools included any discussion of professional codes of ethics.

A critical question this raises is whether the existing courses in medical ethics provided medical students with a real opportunity to develop an ethical framework for moral decision making or whether they merely highlighted some of the more difficult ethical issues in contemporary health care.

Teaching Methods

For the most part, medical ethics was taught in a classroom setting, with strong emphasis placed on the use of case studies. However, most of the medical schools also provided time for work in small groups. Two novel approaches to medical ethics education were in use at Memorial University, in St. John's, Newfoundland, and are worthy of mention by virtue of their uniqueness. There was role-playing in the second year, during which students acted out moral dilemmas, and a "moot court" was held in the third year, during which students witnessed a mock one-day trial and then spent another day discussing the trial. The strength of the former approach is that it can very effectively convey to the students the feelings and experiences of the people they may encounter as patients. The danger of the latter approach is that it may inadvertently reinforce the present confusion regarding the relationship between morality and law.

Assessment of Students

A variety of methods to assess students were used by the medical schools. Most frequently, students were given some kind of in-class examination (for example, multiple-choice, short-answer, or essay). At two of the schools, however, take-home examinations were used. Also, one school used self and peer assessment, another included attendance in assessment of students, and another had no student assessment. Some schools used a letter or percentage grade, but ten of the 14 schools graded students on a pass/fail basis.

Discrepancies that may exist between stated objectives and the appropriateness of the chosen methods(s) of assessment underline the need to carefully consider the manner in which medical ethics education is assessed. It was encouraging to find that only three of the 14 schools that assessed student performance used multiple-choice examinations, since these are arguably unsuited to the subject matter of medical ethics.

Conclusion

Developing, implementing, or revising a course in medical ethics for undergraduate medical students is an onerous task. It is our hope that the results of this survey of Canadian medical schools will prove useful to those who are engaged in these tasks.

This research was supported in part by a grant from Associated Medical Services and the Richard and Jean Ivey Fund.

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