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Erin A. Egan
Loyola University Chicago, Stritch School of Medicine

Kayhan Parsi
Loyola University Chicago, Stritch School of Medicine

Cynthia Ramirez
Loyola University Chicago, School of Law

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Comparing Ethics Education in Medicine and Law: Combining the Best of Both Worlds

*Erin A. Egan, Kayhan Parsi, and Cynthia Ramirez**

I. INTRODUCTION

The topic of professionalism has been the subject of a renewed focus in recent years. This has occurred in the fields of medicine and law, and even more specifically concerning the education of practitioners in the two fields. Although much has been written about professionalism in both medical and legal literature, little effort has been expended in comparing and contrasting how students of medicine and law are inculcated with the values of their professions.[1] Each profession has a different strategy for professional ethics education, with different results. A comparison of these strategies and outcomes provides an opportunity to enhance professional ethics education by combining the effective mechanisms of each profession. Considering the importance of both formal and informal educational influences in shaping professional identity, this paper examines how students in these two fields are "professionalized." This requires analysis of several questions related to professionalism:

- What is a profession?
- What is the role of formal ethics education in professional training?
- What are the formal and informal influences on professional ethics education?
- How are medical students and law students inculcated with the

* Erin Egan (B.A., University of Denver; M.D., J.D., Loyola University of Chicago) is a Senior Associate at the Neiswanger Institute for Bioethics and Health Policy, Stritch School of Medicine, Loyola University Chicago, and a Resident in the Department of Internal Medicine, Loyola University Medical Center. Kayhan Parsi (B.A., Rice University; J.D., University of Houston Law Center; Ph.D., University of Texas Medical Branch at Galveston) is an Assistant Professor at the Neiswanger Institute for Bioethics and Health Policy, Stritch School of Medicine, Loyola University Chicago, and Graduate Program Director for an online master's degree program in bioethics. Cynthia Ramirez (A.B., University of Chicago) is a third year law student at Loyola University Chicago School of Law.

1. Throughout this paper, the authors will generally refer to this process of value inculcation and development of a professional identity as "professionalization."

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values of their professions in their respective educational environments?

A. What Is a Profession?

At a basic level, a profession can be defined as a calling requiring specialized knowledge and often long and intensive academic preparation.[2] This dictionary definition of "profession" has been augmented by scholars in a variety of fields, including sociology.[3] Most notable among these is Eliot Freidson, perhaps the foremost expert on the sociology of professions. In determining whether an occupation qualifies as a profession, Freidson argues that autonomy is the most important attribute.[4] Other commentators have noted other key features: important and exclusive expertise, internal and external recognition, and adherence to a set of professional norms and obligations.[5] Professionals also exhibit certain consistent features; for instance, a professional can be characterized as possessing the following attributes: (a) a commitment to advancing the interests of his or her client or patient; (b) a high level of competence; and (c) obligations to fellow professionals and the larger community.[6]

Becoming a professional is not only an intellectual process but also a social and moral process. Professionalization typically starts in professional school where students are exposed to various oaths, codes, and rules that the profession has developed to regulate its members. These formal norms provide the public an assurance that the members of the profession are not strictly motivated by self-interest, but are also dedicated to public service. Thus, based on this assurance, the public grants the members of a profession a monopoly to pursue its craft.[7] This monopoly is dependent, however, on the trustworthiness of the profession and its ability to avoid abusing its authority and power.

How students are inculcated with the values of their profession has a significant impact on their future behavior as practicing professionals, and also affects the degree to which they fulfill the social expectations that

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2. RANDOM HOUSE WEBSTER'S COLLEGE DICTIONARY 1039 (2d ed. 1997).

3. ELLIOT A. KRAUSE, DEATH OF THE GUILDS: PROFESSIONS, STATES, AND THE ADVANCE OF CAPITALISM, 1930 TO THE PRESENT 1-28 (1996).

4. ELIOT FREIDSON, PROFESSION OF MEDICINE: A STUDY OF THE SOCIOLOGY OF APPLIED KNOWLEDGE 82 (1988).

5. David T. Ozar, *Profession and Professional Ethics*, *in* 4 ENCYCLOPEDIA OF BIOETHICS 2103-05 (Warren Thomas Reich ed., 1995).

6. *Id.* at 2108-09.

7. Sylvia R. Cruess et al., *Professionalism for Medicine: Opportunities and Obligations*, 177 MED. J. AUSTL. 208, 208 (2002), *available at* http://www.mja.com.au/public/issues/177_04_190802/cru10332_fm.html.

support the profession's status. The following sections closely examine how law students and medical students are formally and informally trained in the area of professionalism and ethics. In addition, issues of socialization and the effect that professional socialization has on professional development will be analyzed.

II. EDUCATION IN ETHICS AND PROFESSIONAL RESPONSIBILITY

Education at any level involves formal and informal influences. The formal curriculum is the educational content that a school's faculty creates, prioritizes, and organizes with the explicit goal of students mastering the material.[8] The informal curriculum is a separate set of ideas and values that are imparted to students tacitly and often unintentionally.[9] Exploring ethics and professional responsibility education in medicine and law requires exploration of both formal and informal educational influences.

Formal influences in ethics education are not only a reflection of the courses offered and the content of those courses but also the elective or mandatory nature of particular courses and experiences. For instance, legal clinics are an effective means of enhancing professional responsibility education, but only for the students who choose to participate. Formal ethics and professional responsibility education are supplemented or counteracted by a number of informal influences. These informal influences vary in relevance and intensity at different stages in professional education. They also vary substantially between medical education and legal education.

After the first two years of basic science education in medical school, medical education is largely based on an apprenticeship model of clinical education. While clinical education is supplemented by lectures, a medical student's clinical performance is still a fundamental aspect of his or her grade on a given rotation. By the time a student graduates from medical school, he or she will have cared for scores of patients, may have delivered babies, and performed minor surgical procedures. Legal education, by contrast, follows a more academic educational model, whereby students take required courses their first year and electives thereafter. These courses typically involve reading cases out of a casebook, taking an exam, and perhaps writing a paper for an upper-level seminar.

8. *See* Frederic W. Hafferty, *Beyond Curriculum Reform: Confronting Medicine's Hidden Curriculum*, 73 ACAD. MED. 403, 404 (1998). *See also* Frederic W. Hafferty, *In Search of a Lost Cord: Professionalism and Medical Education's Hidden Curriculum, in* EDUCATING FOR PROFESSIONALISM: CREATING A CULTURE OF HUMANISM IN MEDICAL EDUCATION 49-69 (Delese Wear et al. eds., 2000) at 24-25.

9. Hafferty, *supra* note 8, at 24.

Although some clinical education is available through most U.S. law schools, it is not typically required for graduation. Moreover, unlike attending physicians in U.S. medical schools (who actually see and treat patients), law professors in U.S. law schools often have little practical experience as lawyers and may never see a client or address a "real world" legal problem.[10] As a result, it is possible to graduate from law school without ever speaking to a real client, handling any legal matters, or appearing in a courtroom. In short, one can go through law school without any exposure to the practical experience of being a lawyer.[11] All of these factors, formal and informal, influence the sense of ethical and professional responsibility that a student absorbs, internalizes, and demonstrates in practice.

A. Formal Education: Professional Responsibility Education in Law School

Throughout much of the first half of the twentieth century legal ethics teaching was minimal, consisting mostly of lecture series by well-known judges and attorneys that offered little in content.[12] In the 1950s, the Association of American Law Schools recommended that law schools offer ethics courses and encouraged a pervasive approach to ethics education whereby ethics teaching would occur throughout the curriculum, rather than in a single course.[13] The content of these ethics courses focused on

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10. *See* William R. Trail & William D. Underwood, *The Decline of Professional Legal Training and a Proposal for Its Revitalization in Professional Law School*, 48 BAYLOR L. REV. 201, 211 (1996):

> An increasing percentage of law faculty members today lack significant practice experience. Indeed, significant experience practicing law may actually disqualify an applicant for a law faculty appointment. Many individuals entering academia today share a common professional profile—they graduated near the top of their law school class, served as a law clerk to a federal judge, obtained very limited practice experience with a large law firm, and then returned to law school as an assistant professor. Moreover, an increasing number of law faculty members are substituting joint or terminal degrees in fields such as economics, philosophy, or literature for experience practicing law.

11. The authors recognize that many law students obtain some practical experience by clerking part-time in a law firm or other legal setting. Yet, unlike medical education, there are no consistent requirements that students rotate through legal work in a variety of settings, such as private practice, government, non-profit, etc. It is the authors' opinion that if law schools offered students a legal curriculum after the first two years of coursework that gave students an opportunity to work through a monthly rotation akin to the different services medical students rotate through during their third year of undergraduate medical education, such experience may clarify law students' career goals and expose them to much-needed "real world" experience.

12. Deborah L. Rhode, *Ethics by the Pervasive Method*, 42 J. LEGAL EDUC. 31, 35 (1992).

13. Russell G. Pearce, *Teaching Ethics Seriously: Legal Ethics as the Most Important*

promoting zealous advocacy and the proper role of lawyers as advocates and counselors.[14] It was not until the 1970s that law schools finally had a motive to offer some form of mandatory ethics teaching. In response to the infamous conduct of attorneys in the Watergate scandal, the profession became concerned over the public's confidence (or lack thereof) in legal professionals.[15] Thus, the ABA mandated that accredited law schools "require of all candidates . . . instruction in the duties and responsibilities of the legal profession [that covers] the history, goals, structures, and responsibilities of the legal profession and its members."[16]

Law schools resented the "ABA's assertion of curricular authority."[17] While they complied with the requirement, initial course offerings were typically substandard.[18] The content continued to focus on the role of the lawyer as advocate without exploring the duty of moral judgment in the practice of law.[19]

For the most part, legal ethics instruction today occurs in one of three basic formats: the pervasive method, a mandatory formal course, and a combination of the pervasive method and a professional responsibility class. In addition, some schools offer seminars, clinics, and special ethics programs during orientation week for entering first-year students in lieu of or to supplement the more traditional methods of teaching. There are advantages and disadvantages to each method of formal legal ethics education, and the method used has subtle effects on the ultimate education that students receive.

1. The Pervasive Method

Legal scholars largely advocate that legal ethics deserves discussion in all substantive courses because it encompasses all substantive areas of the

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Subject in Law School, 29 LOY. U. CHI. L.J. 719, 722 (1998).

14. *See* James E. Moliterno, *An Analysis of Ethics Teaching in Law Schools: Replacing Lost Benefits of the Apprentice System in the Academic Atmosphere*, 60 U. CIN. L. REV. 83, 90 (1991). *See also* Sharon Dolovich, Colloquium, *What Does It Mean to Practice Law "In the Interests of Justice" in the Twenty-First Century?: Ethical Lawyering and the Possibility of Integrity*, 70 FORDHAM L. REV. 1629, 1630 (2002) (describing the standard model of ethical lawyering as a "zealous advocacy" model).

15. Pearce, *supra* note 13, at 722; R.C. Cramton & Susan P. Koniak, *Rule, Story, and Commitment in the Teaching of Legal Ethics*, 38 WM. & MARY L. REV. 145, 148 (1996).

16. ABA STANDARDS FOR APPROVAL OF LAW SCHOOLS AND INTERPRETATIONS Standard 302(a)(iv) (1993). The requirement was first adopted in August 1973.

17. Pearce, *supra* note 13, at 723 (quoting Mary C. Daly et al., *Contextualizing Professional Responsibility: A New Curriculum for a New Century*, LAW & CONTEMP. PROBS. 193, 195 (1995)).

18. *Id.*

19. Moliterno, *supra* note 14, at 85; Dolovich, *supra* note 14, at 1629-30.

law.[20] The main objective of integrating legal ethics instruction into the core curriculum is to underscore the fact that legal ethics is an important subject and is a central component of all legal practice, regardless of what area of law the student will practice as an attorney.[21] By addressing legal ethics issues in each course, institutions relay to students their commitment to teaching the subject which, in turn, translates into a stronger commitment to maintaining professional ethics.

The benefits of the pervasive method are significant, but only if the approach is implemented correctly. Unfortunately, schools easily fall into the trap of employing a pervasive approach that is not actually pervasive.[22] This is largely attributed to the faculty's failure to include significant ethics material in course assignments, classroom discussions, and exams.[23] Some professors, for example, save discussions of ethical issues for the last five minutes of class, apologize for having to take time off from the substance of the course, or make it clear that ethical issues will not be covered on the exam.[24] The faculty's implicit or explicit disregard of legal ethics only serves to undermine any institutional effort to emphasize the importance of moral responsibility.[25] Furthermore, doubts about the value of professional responsibility instruction among faculty and students also add to the challenge of implementing curricular integration.[26]

Critics of curricular integration cite two main concerns: first, integration runs the risk of providing an unsystematic and uninformed coverage of ethics;[27] and second, a majority of faculty members lack expertise in ethical issues.[28] Thus, in addition to a commitment to legal ethics, schools must develop well-structured course materials that the faculty can use in their courses. Furthermore, faculty members must stop seeing professional responsibility as someone else's problem.

2. A Formalized Course

The two main approaches to teaching legal ethics as a formal course are

20. Deborah L. Rhode, *Into the Valley of Ethics: Professional Responsibility and Educational Reform*, 58 LAW & CONTEMP. PROBS. 139, 140 (1995) [hereinafter Rhode, *Into the Valley of Ethics*].

21. *Id.*

22. *Id.* at 142.

23. *Id.* at 141-42.

24. *Id.* at 143.

25. *Id.* at 140.

26. Rhode, *Into the Valley of Ethics*, *supra* note 20, at 150.

27. *Id.*

28. *Id.*

the traditional "survey" course and a course taught "in context."[29] Many schools satisfy the ABA mandate through a required course in "professional responsibility."[30] Unfortunately, there is no data on how many schools rely solely on a professional responsibility course. Nor is there data on how many utilize a professional responsibility class, which is one method of teaching ethics and professional responsibility.

The traditional, basic course in professional responsibility is usually offered as a lecture-style, one or two-credit course that is mandatory in the upper-class years.[31] Adjunct faculty often teach these courses, and they may be large classes, ranging in size from eighty to 160 students.[32] These factors may limit what can be effectively taught in these classes. There are innumerable issues that can be covered and certainly warrant treatment. However, inherent course constraints compel tradeoffs between breadth and depth of coverage (i.e. cover multiple issues superficially or a few issues more profoundly). These constraints also hinder developing familiarity with concepts and applicable rules, developing relevant skills, and exposing students to professional values.[33]

Consequently, the typical approach to teaching a traditional professional responsibility course involves reading opinions from appellate courts and bar association ethics committees concerning the discipline of attorneys for violating a state's rules of professional responsibility or code of professional conduct (which are usually based on the ABA Model Rules of Professional Conduct).[34] These courses suffer from three main shortcomings: they are mostly rule-based, they seldom venture into actual ethical analysis, and, they are often not taken seriously by students.[35] Students tend to value these classes mostly as a tool to pass the Multistate Professional Responsibility Examination (MPRE), the professional responsibility examination required for licensure in all states.[36]

Professional responsibility courses claim to teach legal ethics when all

29. Bruce A. Green, *Less is More: Teaching Legal Ethics in Context*, 39 WM. & MARY L. REV. 357, 367 (1998).

30. Deborah L. Rhode, Symposium, *The Future of the Legal Profession, Institutionalizing Ethics*, 44 CASE W. RES. L. REV. 665, 732 (1994) [hereinafter Rhode, *Institutionalizing Ethics*].

31. Cramton & Koniak, *supra* note 15, at 147.

32. *Id.* at 147; Green, *supra* note 29, at 368.

33. Green, *supra* note 29, at 359, 368-69.

34. Christine Mary Venter, *Encouraging Personal Responsibility—An Alternative Approach to Teaching Legal Ethics*, 58 LAW & CONTEMP. PROBS. 287, 287-88 (1995). *See generally* MODEL RULES OF PROF'L CONDUCT (2001).

35. Rhode, *Into the Valley of Ethics*, *supra* note 20, at 143; Rhode, *Institutionalizing Ethics*, *supra* note 30, at 732.

36. Venter, *supra* note 34, at 288.

they may really do is teach legal rules.[37] This problem stems from the role that the ABA Model Rules have in shaping ethics curricula, resulting in a course structured as an analysis of the Model Rules rather than an encouragement to delve into issues of morality and values.[38] Such a treatment of professional responsibility helps perpetuate the notion that the Model Rules serve only as:

> [M]inimum standards that have come to be regarded as the maximum statement of the prevailing ethical level. At the same time, the rules are often viewed the same way as people look at the Internal Revenue Service regulations—how far can I push the envelope without actually violating the regulations?[39]

A solution to the deficiencies of the traditional professional responsibility course is for law schools to offer a "contextual" course[40] Unlike the traditional course, these courses focus more on the development of skills and the resolution of ethical problems.[41] In addition, they allow professors to become more involved in ethics teaching by allowing them to focus on their area of academic interest. Thus, students would find the course more interesting and relevant to the type of law they intend to practice.

3. A Combination of the Pervasive Method and a Professional Responsibility Course

In attempting to limit the detrimental effects of any muddled coverage under the pervasive method, institutions benefit from offering courses that focus on ethics, such as the aforementioned professional responsibility course. However, restricting the curriculum to a pervasive method or to a rule-based course marginalizes the morality and values intrinsic in the everyday practice of the law.[42] A combination of both approaches ensures a better overall treatment of professional responsibility, and utilizes the valuable aspects of each method. However, it also runs the risk of adopting the disadvantages of both systems.

In addition to consideration of the most effective means for teaching professional responsibility and ethics in law school, there has also been

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37. *Id.*

38. *Id. See also* Rhode, *Institutionalizing Ethics*, *supra* note 30, at 732.

39. Jerome J. Shestack, *Taking Professionalism Seriously*, 84 A.B.A. J. 70, 72 (1998).

40. Green, *supra* note 29, at 359.

41. *Id.*

42. *See* Rhode, *Institutionalizing Ethics*, *supra* note 30, at 733; Rhode, *Into the Valley of Ethics*, *supra* note 20, at 140.

concern over the content of these courses. The standard view of legal ethics is that lawyers are neutral partisans who adopt the moral position of their client without inserting their own moral positions.[43] Thus, they fulfill their moral obligation by advocating on behalf of the client and allowing the adversarial system to rectify any potential injustice.[44] Under this view, moral judgment by attorneys is not only unnecessary but also counter-productive; accordingly therefore, it would seem that training law students to develop professional moral judgment is unnecessary.[45]

Exploration of the role of moral reasoning and critical judgment in legal education or legal practice is only a recent development.[46] For the most part, current legal ethics education is rule-based, focusing on the ABA Model Rules and legal standards adopted by each state's supreme court, without critical analysis of the moral and ethical implication of the rules as applied to specific situations. This focus on rules assumes that the Model Rules, standing alone, are sufficient ethics education for future lawyers. It is also sends the message that any behavior not prohibited by the rules is ethically permissible, and any behavior excluded is inherently unethical.[47] This oversimplifies legal ethics, creating a black and white landscape that ignores the shades of gray inherent in any ethical or moral conflict.

Legal ethics education does not attempt to describe or teach a fundamental framework of right and wrong, integrity, virtue, or strength of character.[48] While there is debate over whether law schools should attempt to teach these things,[49] the debate in medicine generally focuses on *how* to teach these things.[50] Further, there is evidence that lawyers fail to adhere to well-defined and commonly accepted professional responsibility rules.[51] Whether lawyers break these rules in furtherance of fundamental justice or mere convenience is not clear. However, if the codified rules are not followed and critical analysis of ethical principles as applied to particular facts is not encouraged, the oversimplification of ethics resulting from the current model of professional responsibility fails to promote justice on any

43. *See* Dolovich, *supra* note 14, at 1632.

44. *Id.* at 1632-34.

45. *See id.* at 1633.

46. *Id.* at 1629-30.

47. *See* Rhode, *Institutionalizing Ethics*, *supra* note 30, at 730.

48. *See* Moliterno, *supra* note 14, at 85-86 (noting three ethical implications of contemporary legal education models that developed in the late nineteenth and early twentieth century).

49. *See id.* at 83-84; Dolovich, *supra* note 14, at 1632-46.

50. *See, e.g.*, Delese Wear, *Professional Development of Medical Students: Problems and Promises*, 72 ACAD. MED. 1056 (1997); William A. Hensel & Nancy W. Dickey, *Teaching Professionalism: Passing the Torch*, 73 ACAD. MED. 865 (1998).

51. *See* Rhode, *Institutionalizing Ethics*, *supra* note 30, at 670.

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B. Formal Education: Medical Ethics

The birth of Western medical ethics is often traced back to the creation of the Hippocratic Oath 2500 years ago. The Hippocratic Oath was apparently created by a Pythagorean sect of physicians who dissented from prevailing mores of the time.[52] According to one historian, the oath "established the Western paradigm of a profession . . . as a morally self-regulating discipline."[53] Although the Oath's influence was weak in the ancient world, it became stronger when it became Christianized in the Middle Ages[54] and later formed the "moral moorings" of the profession up to the 1960's.[55] In addition to the oath as a source of authority in medical ethics, the AMA Code of Medical Ethics emerged in the nineteenth century as the first national code of professional ethics for physicians.[56] Later, the medical abuses of the early twentieth century resulted in the creation of the Nuremberg Code [57] and the Declaration of Geneva[58]. Subsequently, with the rise of societal changes, such as advances in medicine and science, demystification of medicine, and the emergence of civil rights, philosophical inquiry and principal-based moral theory arose.[59] The four-principle approach of ethics became dominant in medical ethics.[60]

Since the 1970s, largely due to corporate transformation of the nation's healthcare system and the rise of managed care and consumerism, medical ethics education has stepped into the public arena.[61] Medical ethics first entered the formal medical curriculum in the 1970s when some medical

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52. Mark D. Fox, *The Abiding Validity of the Hippocratic Oath*, 88 N.J. MED. 29, 29 (1991).

53. Robert Baker, *The History of Medical Ethics*, *in* COMPANION ENCYCLOPEDIA OF THE HISTORY OF MEDICINE 853 (1993).

54. *Id.* at 855.

55. *See generally* Edmund D. Pellegrino, *The Metamorphosis of Medical Ethics: A 30-Year Retrospective*, 269 JAMA 1158 (1993).

56. THE AMERICAN MEDICAL ETHICS REVOLUTION: HOW THE AMA'S CODE OF MEDICAL ETHICS HAS TRANSFORMED PHYSICIANS' RELATIONSHIPS TO PATIENTS, PROFESSIONALS, AND SOCIETY xxvii (Robert Baker et al. eds., 1999).

57. *See* 2 TRIALS OF WAR CRIMINALS BEFORE THE NUREMBERG MILITARY TRIBUNALS UNDER CONTROL COUNCIL LAW NO. 10, NUREMBERG, OCTOBER 1946-APRIL 1946, 181-82 (1946).

58. *See* INTERNATIONAL CODE OF MEDICAL ETHICS (World Med. Ass'n 1948), *available at* http://www.wma.net/e/policy/c8.htm.

59. Pellegrino, *supra* note 55.

60. TOM L. BEAUCHAMP & JAMES F. CHILDRESS, PRINCIPLES OF BIOMEDICAL ETHICS 37-38 (1994).

61. Herbert M. Swick et al., *Teaching Professionalism in Undergraduate Medical Education*, 282 JAMA 830, 830 (1999).

schools began offering courses in biomedical ethics.[62] The growing literature on ethics education insists on the importance of establishing an adequate ethics curriculum in medical schools.[63] Efforts at developing an "ideal" ethics curriculum have increased recently, reflecting a growing concern among medical educators about medical ethics education.[64]

Current practices in medical ethics education during medical school are not well documented. To date, only two studies have attempted to gather empirical data regarding the teaching methods and ethics curriculum in medical schools. One of these, a 1999 study published in the *Journal of the American Medical Association* ("JAMA"), found that teaching methods vary widely and are not always adequate.[65] A similar study published in the May 2002 issue of *Academic Medicine* also found a lack of uniformity among ethics education.[66]

In the 1999 JAMA study, a survey was sent to 125 schools during the 1998-1999 school year.[67] Of the 116 responding schools, 104 (89.7%) reported offering some formal instruction related to professionalism.[68] The study found that schools use diverse strategies to promote professionalism such as conducting a "white-coat ceremony" or some other orientation experience, incorporating professionalism as a component of multiple courses, or teaching professionialism as a single course.[69]

The 2002 *Academic Medicine* study surveyed 121 schools during the 1999-2000 school year.[70] Of the eighty-seven responding schools, sixty-nine schools (79%) reported requiring a formal ethics course.[71] The study identified ten course objectives, eight teaching methods, and six methods of assessing students.[72] Only two course objectives were found in a majority of schools: to become familiar with medical ethical topics, and to develop ethical reasoning.[73] Unlike most professional responsibility courses in U.S.

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62. Jack Coulehan & Peter C. Williams, *Professional Ethics and Social Activism: Where Have We Been? Where Are We Going?*, *in* EDUCATING FOR PROFESSIONALISM: CREATING A CULTURE OF HUMANISM IN MEDICAL EDUCATION 56 (Delese Wear et al. eds., 2000) [hereinafter Coulehan & Williams, *Professional Ethics and Social Activism*].

63. James M. DuBois & Jill Burkemper, *Ethics Education in U.S. Medical Schools: A Study of Syllabi*, 77 ACAD. MED. 432, 432 (2002).

64. *Id.* at 432.

65. Swick et al., *supra* note 61, at 832.

66. DuBois & Burkemper, *supra* note 63, at 437.

67. Swick et al., *supra* note 61, at 831.

68. *Id.*

69. *Id.*

70. DuBois & Burkemper, *supra* note 63, at 433.

71. *Id.*

72. *Id.*

73. *Id.* at 434 tbl.1.

law schools, there is less emphasis on codes and compliance issues (10.3%).[74] However, the four most popular teaching methods resemble methods used in professional responsibility courses in law schools: discussion/debates, readings, writing exercises, and lectures.[75]

Ethics teaching mostly occurs during the first two years in the pre-clinical setting.[76] Just over half of medical schools only teach ethics for one year.[77] Of those, 26.5% teach ethics in the first year and 14.3% teach in the second year.[78] Unlike professional responsibility courses in law schools there is no single source, reading, or code that shapes ethics curricula. According to the study, of the fifty-eight submitted syllabi, schools required or recommended a total of 1191 readings.[79] Only eight of those readings were used by more than six schools.[80] The primary text used to teach students is Beauchamp and Childress' *Principles of Biomedical Ethics*, even more so than the Hippocratic Oath or the AMA's Principles of Medical Ethics (both ranked 3-5).[81]

The scant data on ethics curricula and practices stresses the larger role that the informal process of socialization plays in the ethics education of medical students. More importantly, the findings confirm the lack of a common curriculum in medical ethics.[82] Because courses often vary due to the absence of any requirement of uniform content for ethics education (as seen in the numerous readings used by ethics instructors), instructors have great discretion in structuring their ethics courses—they essentially decide what content areas to teach. This potentially results in ethics education that varies a good deal among graduates of different schools (and even within a single school). Additionally, non-physicians usually teach these courses.[83] Thus, there are often inconsistencies between the formal ethics education curriculum and informal ethics educational influences.[84] Ultimately, what is taught in the formal classes may have little impact when weighed against the strong impact that tacit learning has on a student's values.[85]

Another shortcoming of the current state of formal medical ethics

74. *Id.*
75. *Id.*
76. DuBois & Burkemper, *supra* note 63, at 434.
77. *Id.*
78. *Id.*
79. *Id.* at 433, 437.
80. *Id.* at 437.
81. *Id.* at 436 tbl.3.
82. DuBois & Burkemper, *supra* note 63, at 437.
83. Coulehan & Williams, *Professional Ethics and Social Activism*, *supra* note 62, at 57.
84. *See id.* at 56-57 (discussing inconsistencies between tacit and explicit learning).
85. *Id.* at 62.

education is the requirement that U.S. medical schools provide any instruction related to "ethics, law, humanities, values, and/or professional standards."[86] Such a requirement is broad and lacks clear guidance on implementation.[87] The only requirement contained in the Liaison Committee on Medical Education's Standards for Accreditation of Medical Education Programs provides: "[a] medical school must teach medical ethics and human values, and require its students to exhibit scrupulous ethical principles in caring for patients, and in relating to patients' families and to others involved in patient care."[88] While this broad requirement leaves substantial room for interpretation, the annotation to this standard further provides that "[e]ach school should assure that students receive instruction in appropriate medical ethics, human values, and communication skills before engaging in patient care activities.... adherence to ethical principles should be observed and evaluated, and reinforced through formal instructional efforts."[89]

Although this annotation seems to require a formal approach to ethics teaching in addition to the customary experiential learning, the findings of the aforementioned studies confirm that there is little consensus as to what a formal curriculum should entail. For example, two educators from the State University of Stony Brook define formal ethics education as "explicit learning" which encompasses "courses, classes, discussion on rounds, advice, or other teaching that is overtly intended to instill professional values."[90] As the annotation stresses, and the survey results show, most courses are preclinical. Thus, although the information being taught is useful, it may not be reinforced when the student enters the clinical setting.[91]

Similar to law students, medical students view ethics or professional skills courses as inferior to their other courses. In the case of medical students, basic science courses are seen as more worthy of their class and study time.[92] Current evaluative measures certainly do not help dispel the notion that ethics courses are not as rigorous. The most common method of grading is pass/fail and the most common criterion for grading is class

86. DuBois & Burkemper, *supra* note 63, at 437 (quoting David W. Musick, *Teaching Medical Ethics: A Review of the Literature from North American Medical Schools with Emphasis on Education*, 2 MED. HEALTH CARE & PHILOSOPHY 239, 246 (1999).

87. *Id.*

88. LIAISON COMM. ON MED. EDUC., ASS'N OF AM. MED. COLLS., FUNCTIONS AND STRUCTURE OF A MEDICAL SCHOOL: STANDARDS FOR ACCREDITATION OF MEDICAL EDUCATION PROGRAMS LEADING TO THE M.D. DEGREE 13 (2002).

89. *Id.*

90. Coulehan & Williams, *Professional Ethics and Social Activism*, *supra* note 62, at 56.

91. *Id.* at 62-63.

92. Hafferty, *supra* note 8, at 25.

participation.[93] Formal assessment is not widespread, and some schools do not assess their students' performance.[94] In order to promote improved ethics education in medical schools, Michael Sanders of the Mount Sinai School of Medicine proposes a moral reasoning section on the U.S. Medical Licensing Examination (USMLE), similar to testing future attorneys in professional responsibility on the MPRE.[95] He argues that such widespread testing will make schools want to teach ethics and would help reshape and standardize curricula among the schools.[96]

A noteworthy difference between legal ethics education and medical ethics education is the role that formal codes play. In legal ethics education, the Model Rules play an important role. Knowledge of these rules is emphasized, similar to knowledge of the Federal Rules of Civil Procedure or the Federal Rules of Evidence in other courses. Moreover, knowledge of the content of the Model Rules is tested on the MPRE. In medical ethics education, no formal code plays a similarly dominant role in the education of medical students. Despite the importance of the AMA's Code of Medical Ethics in disciplinary and judicial matters, few ethics instructors even use the Code as a primary text.[97] Moreover, the Model Rules are construed as mandatory rules of professional responsibility. while the AMA's Code of Medical Ethics is often thought of as a set of aspirational professional guidelines.[98] These differences shape how medical students and law students view the authority of such codes and what impact they have on the students' behavior as future professionals.

C. Informal Education: Legal Ethics and Professional Responsibility

Informal influences on professional responsibility are important in legal education, but are less pervasive than in medical education. Law students spend the vast majority of their time in the traditional classroom setting. Some students participate on moot court teams, edit legal journals, or gain practical experience through opportunities such as legal clinics or

93. DuBois & Burkemper, *supra* note 63, at 437.

94. Len Doyal & Raanan Gillon, *Medical Ethics and Law as a Core Subject in Medical Education: A Core Curriculum Offers Flexibility in How It Is Taught but Not That It Is Taught*, 316 BRIT. MED. J. 1623, 1623-24 (1998).

95. *See* Michael Sanders, *The Forgotten Curriculum: An Argument for Medical Ethics Education*, 274 JAMA 768, 769 (1995).

96. *Id.*

97. *See* Ken Kipnis, *Ethical Competency and the Profession of Medicine*, VIRTUAL MENTOR, Aug. 2002, *at* http://www.ama-assn.org/ama/pub/category/8570.html (last visited Nov. 2, 2003).

98. *See* COUNCIL ON ETHICAL & JUDICIAL AFFAIRS, AMA, PRINCIPLES OF MEDICAL ETHICS, *available at* http://www.ama-assn.org/ama/pub/category/2512.html.

clerkships. However, these activities are optional and are not a standardized part of legal education. While many students take advantage of these practical experience opportunities, the school may have little or no supervisory role and may not even standardize the content.

A student who works directly with clients in a legal clinic or as part of a clerkship with the public defense or prosecution offices (e.g. the State's Attorney or Public Defender) has some sense of how to work with clients. These law students are exposed to the pressures of real life consequences of the legal representation they provide. They begin to have a sense of the endless variables that exist in each individual case, and they begin to learn their role in the attorney-client relationship. However, many students simply do not have these experiences in law school. Clerking for a large firm or a judge often involves research and writing experience and presents a challenging academic environment, but provides little client contact. The human component, social aspects, and responsibility for consequences are all lacking from these experiences.

In some ways the law school experience is sterilized, kept separate from the moral dilemmas of practice where conflicts can be examined in isolation and ideally resolved.[99] When law students discuss ethics and social responsibility they explore conflicts related to their future roles as client advocates, officers of the court, and agents of justice. A commonly used teaching example is the defendant in a criminal case who wants to lie on the stand. The attorney knows that the client intends to lie, and advises the client that this course of action is fraudulent and criminal, but the client refuses to change his mind. Once the trial has begun a lawyer may not be permitted to withdraw from the case because of the potential negative impact on the defendant's case.[100] Thus, the duty to represent a client is at odds with the attorney's responsibility as an officer of the court to avoid participation in the perpetration of fraud on the court.[101] There is no consensus as to what course of action is most ethical and just, and different states have adopted different solutions.[102] However, each state gives its lawyers an answer to the dilemma by adopting a rule in the Code of Professional Responsibility that determines what course of action is ethically permissible.[103] Since state courts tell lawyers what course of

99. *See* Moliterno, *supra* note 14, at 91-92.

100. MODEL RULES OF PROF'L CONDUCT R. 1.16(c) (2002).

101. *See* MODEL R. 3.3.

102. THOMAS D. MORGAN & RONALD D. ROTUNDA, 2001 SELECTED STANDARDS OF PROFESSIONAL RESPONSIBILITY 64-65 (2001); MONROE H. FREEDMAN, LAWYERS ETHICS IN AN ADVERSARY SYSTEM 32-41 (1975); Norman Lefstien, *Client Perjury in Criminal Cases: Still in Search of an Answer*, 1 GEO. J. LEGAL ETHICS 521, 522-23 (1988).

103. Lefstien, *supra* note 102, at 522.

action they approve of, attorneys are not encouraged to explore the complexities of the individual situation and attempt to come to a just and ethical result specific to the individual facts. When a young attorney faces an authentic dilemma in which people may get hurt, the emotional aspect and the sense of responsibility for consequences is new.

D. Informal Influences: Medical Ethics and Professionalism Education

Medical education typically begins with two years of classroom-based basic science courses, followed by two years of practical clinical experience. After graduation, physicians receive three to five years of additional clinical training in residency (at least one year is required in most states before a physician is eligible for a permanent license and able to practice independently). Many medical schools have eliminated much of the formal lecture curriculum in the basic science years and utilize small groups and case-based learning. Thus, medical students spend relatively little time in the traditional lecture setting. Instead, they learn the majority of medicine in the context of patient care with all the subtle influences of personal interaction with both patients and supervising physicians. Formal education on issues of ethics and professionalism are standard in the medical school curriculum, but practical clinical education forms a substantial portion of medical education in this area of medical knowledge (as in other areas).

Informal education is a fundamental component of medical education, often referred to as the "hidden curriculum."[104] The hidden curriculum has been well described in medical education literature.[105] In addition to imparting knowledge on scientific and medical facts, medical schools intend to teach medical students honesty, integrity, accountability, compassion, and the value of service.[106] However, clinical teaching emphasizes the value of hard work, disrespect of colleagues, and the burden of service and patient care.[107] Competitiveness is promoted and rewarded,[108] and abuse of medical students is common.[109] The values and

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104. *See* Coulehan & Williams, *supra* note 62, at 24; Hafferty, *supra* note 8, at 24.

105. *See, e.g.*, Frederic W. Hafferty & Ronald Franks, *The Hidden Curriculum, Ethics Teaching, and the Structure of Medical Education*, 69 ACAD. MED. 861 (1994).

106. David T. Stern, *Practicing What We Preach? An Analysis of Curriculum Values in Medical Education*, 104 AM. J. OF MED. 569, 571-72 (1998).

107. *Id.* at 573.

108. Delese Wear, *Professional Development of Medical Students: Problems and Promises*, 72 ACAD. MED. 1056, 1057 (1997).

109. *See generally* Donald G. Kassebaum & Ellen R. Cutler, *On the Culture of Student Abuse in Medical School*, 73 ACAD. MED. 1149 (1998).

behaviors of supervising physicians are absorbed and internalized by students and become the framework for the students' professional development. These tacit lessons also teach physicians in training to be wary and distrustful, and that self-reflection, especially on the emotional aspects of practice, is discouraged.[110]

Medical students are forced to temper their ideas and beliefs about the practice of medicine with the complex details of how medicine is actually practiced in a less than perfect world. In addition, medical students are distracted from the altruism and enthusiasm that usually attracts bright young people into professional careers. By contrast, law students finish their legal education in an environment that is largely controlled, having little contact with the complex human dimension of legal practice. This may or may not enhance the idealism that some law students have when embarking upon their studies.

III. PROFESSIONAL SOCIALIZATION

Professional socialization is the process by which professionals learn the customs and social skills essential to the practice of the profession.[111] In contrast from professional education, which requires learning the facts and ideas necessary to practice competently, professional socialization is the transformation of students into professionals as they adopt the behaviors and habits that are common to practicing professionals. This is the process by which students decide what it means to be a "good doctor" or a "good lawyer." The content of professional socialization within a given profession varies by era, locale, and the characteristics of both the students and the teachers. Students are largely socialized by observing and absorbing the environment where they are trained to be professionals.[112]

Modeling and mentoring are important in the development of ethics and professional principles and practices. Senior medical residents identify the observation of role models as the primary mechanism for professional education.[113] An important point is that negative role models have a significant effect on professionalism education, although residents identify this influence as less important than exposure to positive role models.[114]

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110. James Coulehan & Peter C. Williams, *Vanquishing Virtue: The Impact of Medical Education*, 76 ACAD. MED. 598, 600 (2001) [hereinafter Coulehan & Williams, *Vanquishing Virtue*].

111. *See generally* Rhode, *Institutionalizing Ethics, supra* note 30, at 729-30.

112. FRANCES KAHN ZEMANS & VICTOR G. ROSENBLUM, THE MAKING OF A PUBLIC PROFESSION 73, 194 (1981).

113. A. Keith W. Brownell & Luc Cote, *Senior Residents' Views on the Meaning of Professionalism and How They Learn About It*, 76 ACAD. MED. 734, 735 (2001).

114. *Id.* at 737.

While the actual data on this issue relates to medical education, it makes intuitive sense that modeling and mentoring are important elements of legal professional socialization as well. An important part of professional socialization occurs through student-teacher interaction. Thus, some of the fundamental differences between legal and medical educators affect how students develop into practicing professionals. Much of medicine is taught clinically, while much of law is taught by accomplished academics. Thus, law professors are usually selected based on their academic achievement, rather than their practical experience as lawyers (or even their teaching skills).[115] Clinical medical teachers are often selected based on the quality of their research or their esteem as practitioners, again without particular attention to their teaching skills.[116] This has important implications for the messages students receive.

Instructors in law schools are often successful law students typically from elite schools who pursue careers in academic law without ever practicing.[117] The few who do practice may maintain a clinical practice while teaching or may be involved in legal clinics with students. However, many professors leave their clinical practice entirely when they join legal academia. Even if a professor maintains a practice, students rarely observe their professors in practice. Trial practice and advocacy courses try to simulate practical experiences, but ultimately the simulations lack real life consequences.

By contrast, after the first two years of basic science education, medical students are taught by professors who take care of real patients on a daily basis.[118] Medical students participate in actual patient care and the supervising physician bears the ultimate responsibility for the adequacy of the care the students provide. Because the patient encounters are not simulated, the consequences are real to the patient, the student, and the supervising physician. Students observe their professors and learn from everything they see in addition to everything they are told. The formal curriculum defines which lessons students must be exposed to, but it is impossible to standardize the exposure students have to the strengths and weaknesses of their clinical instructors.

The important contrast is that law students model themselves after

115. Trail & Underwood, *supra* note 10, at 211.

116. It is the authors' understanding that clinical medical instructors are college or university faculty, and are thus selected and promoted based on the academic center's policy for recruiting and promoting faculty in general.

117. Trail & Underwood, *supra* note 10, at 211.

118. *See generally* ASSN. OF AM. MED. COLLS., CURRICULUM DIRECTORY 2 (2003), *available at* http://services.aamc.org/currdir/about.cfm (discussing the structure of the medical school curriculum).

academics who focus their professional time on teaching and learning themselves. Medical students, however, model their behaviors on teachers who have the pressures of trying to maintain a profitable practice, fulfill their own duties as practitioners, and attempt to pursue their own research interests in addition to teaching medical students and resident physicians.[119] In addition, law students in a particular class or clinic are typically at a similar level of legal sophistication. On a clinical service, the basic teaching unit in medical education is a team of trainees who care for a particular panel of inpatients. Teams often include student with experience ranging from their third year of medical school up to fourth year fellows, spanning a nine year period of clinical training. The attending, or fully credentialed supervising physician, has to teach all levels of trainees in the limited teaching time available while also ensuring that the patients are receiving optimal care. Further, because of changes in the law relating to medical education reimbursement medical educators are increasingly expected to show a profit for the medical center, regardless of the time spent teaching.[120]

Another factor of professional socialization that affects the way students internalize the formal and informal ethics lessons in training is the educational atmosphere. Students absorb professional respect, the appropriate scope of professional behavior, and professional etiquette from the professional environment in which they train. The style of professional education itself (for example, the use of the Socratic method or requiring public speaking performance) influences the way students construct their perceptions of their future role as a professional. In both medical and legal education the culture of the profession, as imparted during training, sends a message that undermines or enhances the formal curriculum in ethics and professional responsibility.

While much of ethics education in law school is academic and theoretical, law school itself has a strong socializing effect on law students. Law school encourages competition, and critics claim the process of legal education is dehumanizing and results in immoral or amoral professionals.[121] Students may come to law school hoping to have a positive effect on society and to promote social justice, but many often graduate disillusioned, believing that lawyers have little effect on improving society.[122] Law school in general, and legal ethics education in

119. *See* Robert Dickler & Gina Shaw, *Balanced Budget Act of 1997: Its Impact on U.S. Teaching Hospitals*, 132 ANNALS OF INTERNAL MED. 820, 821-23 (2000).

120. *See* Robert Kuttner, *Managed Care and Medical Education*, 341 NEW ENG. J. MED. 1092, 1096 (1999).

121. *See, e.g.*, Moliterno, *supra* note 14, at 91.

122. Richard Boldt & Marc Feldman, *The Faces of Law in Theory and Practice:*

particular, reinforce the traditional ideas of a lawyer's role, and do little to illuminate the influence of class and social power on access to the judicial system.[123] The inherent benefits and shortcomings of an adversary system are not questioned or explored in training, so students tend to accept the status quo without question or exploration. At its extreme, legal education can be described as a culture of indoctrination where philosophical reflection is not encouraged.

Medical education has been described as a culture of abuse.[124] In fact, the number of continuous hours that residents work for minimal compensation has led to a lawsuit by residents to change the way residency positions are awarded.[125] The Accreditation Council for Graduate Medical Education (ACGME) has recently changed its guidelines to prohibit residents from working more than eighty hours per week and more than thirty hours in a row.[126] Medical trainees develop a variety of strategies for coping with the sleep deprivation, workload, constant evaluation and criticism, and stress of managing patient care.[127] As part of managing the various stresses of medical education, many medical trainees seek detachment, self-interest, and objectivity.[128]

The contrast between legal education and medical education is manifested in the characteristics of the teachers, the fundamental style of teaching (emphasizing clinical experience or traditional teaching methods), and the character traits that the education tends to produce. The result of these differences is apparent in the way the professions approach ethics and in the way each professional internalizes ethical aspects of professional practice.

IV. COMPARING MEDICAL AND LEGAL ETHICS AND PROFESSIONAL RESPONSIBILITY EDUCATION

The fundamental strategy of legal education is different than the strategy of medical education. The teachers, environment, teaching methods, and expectations are widely disparate between the two professions, as discussed above. It is not surprising, then, that ethics and professional responsibility

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Doctrine, Rhetoric, and Social Context, 42 HASTINGS L.J. 1111, 1111 (1992).

123. *See id.* at 1120.

124. Kassebaum & Cutler, *supra* note 109, at 1149.

125. Barbara Sibbald, *Vowing No More Cheap Labour, US Residents File Suit*, 166 J. CAN. MED. ASS'N, 1579, 1579 (2002).

126. ACCREDITATION COUNCIL FOR GRADUATE MED. EDUC., RESIDENT DUTY HOURS LANGUAGE: FINAL REQUIREMENTS, *available at* www.acgme.org/DutyHours/dutyHoursLang_final/asp.

127. Coulehan & Williams, *Vanquishing Virtue*, *supra* note 110, at 589.

128. *Id.* at 600-01.

education and practice are similarly divergent. However, both medicine and law have an important similarity: they are professions. Each requires specialized knowledge, and each assumes the duty of self-regulation in exchange for duties to clients/patients and society. Comparing the evolution and application of ethical competence in the two professions leads to observation that each has something to learn from the other.

Legal ethics is codified, enforced, and supported by concrete rules that are tied to the licensing authority.[129] Ethical infractions are well-defined, penalties are made explicit, and the regulatory body in charge of licensure has substantial authority to investigate and pursue infractions.[130] However, the concrete and highly enforceable nature of legal professional responsibility rules sacrifices ethical subtlety. Individual circumstances may yield an unjust result, but accommodating nuance might make the rules unenforceable by making them ambiguous. There is a saying that "hard cases make bad law." Similarly, truly complex moral dilemmas require flexibility, and rules based on these particularly difficult cases would be unfair in the majority of other cases.

By contrast, medical ethics is flexible, but often unenforceable. It places a high value on individual circumstances resulting in a few broad ethical principles that are widely accepted.[131] Physicians are encouraged to consider a variety of ethical and legal authorities in their decisions, including formal codes of ethics, practice guidelines, statutes, and case law.[132] However, their own subjective moral values may be the decisive factor in ethical decision-making. Health care providers can resort to ethics committees for assistance, but ethics committee opinions and recommendations are advisory only; they have no binding force.[133] The state licensing authority has a board charged with investigating impropriety and revoking physician's licenses.[134]

Medical ethics education targets character, virtue, and judgment. It also

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129. *See* Samuel J. Levine, *Taking Ethics Codes Seriously: Broad Ethics Provisions and Unenumerated Ethical Obligations in a Comparative Hermeneutic Framework*, 77 TUL. L. REV. 527, 531 (2003).

130. *See, e.g.*, ILL. ATTORNEY REGISTRATION & DISCIPLINARY COMM'N, HOW TO SUBMIT A REQUEST FOR INVESTIGATION, *available at* http://www.iardc.org.

131. For instance, medical ethics has developed certain principles that are widely held to be important—beneficence, autonomy, non-malificence and justice. *See generally* TOM L. BEAUCHAMP & JAMES F. CHILDRESS, *supra* note 60, at 38.

132. ALBERT R. JONSEN, MARK SIEGLER & WILLIAM J. WINSLADE, CLINICAL ETHICS: A PRACTICAL APPROACH TO ETHICAL DECISIONS IN CLINICAL MEDICINE 1-4 (1994).

133. *See, e.g.*, COUNCIL ON ETHICAL & JUDICIAL AFFAIRS, AMA, ETHICS COMMITTEES IN HEALTH CARE INSTITUTIONS E-9.11(1) (2003), *available at* http://www.ama-assn.org/ama/pub/category/8544.html.

134. *See* AMA, REPORTING ETHICAL VIOLATIONS, *available at* http://www.amaassn.org/ama/pub/category/2509.html.

encourages critical examination and flexibility. Legal ethics, on the other hand, targets behavior and results, and encourages strict application and enforceability. Thus, while medical ethics is personal and largely unenforceable, legal ethics is quite general and highly enforceable.

Based on the direction the two fields have taken, there seems to be a dichotomy between flexibility and enforceability. However, this dichotomy is not inherent, but is a result of the various influences that have shaped the evolution of ethics in each field. The primary barrier to enforcement of medical ethics is political—no one organization speaks for and has authority over physicians in the way the state bar speaks for and has authority over lawyers. Legal ethics can encompass flexibility by teaching reflection and meaningful ethical inquiry, and by allowing for some degree of individual interpretation in the codified rules. Courts consider issues like motive, purpose, and justice in a variety of legal disputes and are fully capable of doing so on issues of legal ethics. Each profession has the opportunity to recognize the strengths of the other in the teaching and application of ethics to professional matters. By learning from the experience of the other profession, both medicine and law have the opportunity to reform their approach to ethics and thereby take advantage of the lessons learned in trying to instill a strong sense of ethics education into its students.

V. CONCLUSION

This article has examined how formal and informal influences during professional training shape the professionalism and professional ethics of medical students and law students. In general, formal influences play a larger role in the development of law students' notions of professionalism as opposed to medical students, who have much greater access to practitioners who act as either positive or negative role models. While law students would benefit from greater structured interaction with practicing lawyers who are sensitive to issues of ethics and professionalism, medical students would benefit from having ethics and professionalism issues framed as professional ethics issues that could potentially be resolved with the careful inclusion of certain texts (such as codes of ethics) into the curriculum.

The purpose of this exploration of the informal influences in professional development is not to conclude that young physicians and lawyers are inherently cynical as a result of their education. In fact, many members of both professions maintain an admirable degree of idealism throughout training and practice. Only by recognizing these influences and exploring them can educators make any meaningful change in the way young

professionals are taught about professionalism.

Medical students generally benefit from the flexible curricular approach of ethics education in U.S. medical schools. The downside is that medical students may not learn that their profession has certain definitive guidelines that may inform an ethical issue. Legal ethics education could benefit from less slavish attention to rules and perhaps more imaginative pedagogical devices to trigger the moral imagination of law students.[135] The ideal education would not only be flexible and encourage personal reflection but also include enforceable standards that assure the professionals and the public that there is oversight and self-regulation of professional behavior. Each profession has a strong model for one of these key elements, but not both. The ideal professional ethics education model would combine the optimal elements of the two approaches to professionalism education. Instead of reforming professionalism education from scratch, effective models exist for the important aspects of professionalism education, and all that is necessary is for legal and medical educators to recognize each other's strengths. This recognition can be fertile ground for reforming the educational efforts of the two professions for the benefit of the students and the professions as a whole.

135. For instance, some law professors have used texts such as *The Remains of the Day* in their professional responsibility course. *See* Email from Stephen Latham, Professor, Quinnipiac University School of Law, to Kayhan Parsi (Nov. 25, 2003) (on file with author).