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Moral and Philosophic Problems of Modern Medicine: A Collegiate Program for Pre-Medical and Nursing Students*

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and

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Only yesterday "medical ethics" was almost the exclusive preserve of the Catholic moralist and dealt principally with various aspects of procreation. However, quantum leaps in medicine have not only incredibly complicated this area but have also posed a plethora of new and unrelated problems. It has been incongruous but perhaps inevitable that many of the crucial moral decisions have devolved upon non-theologians, an inescapable sequel of the rapidity of medical progress. Whether this situation is entirely undesirable remains moot, but there has been a distinct

move on the part of the medical and scientific communities to share decision-making with other segments of society. This has not been solely in response to pressures generated from without. The vulgarization of the doctor-patient relationship in the communications media, the problems of health-care delivery, the progress of transplant technology — all have contributed ethical and philosophical dilemmas with which the medical profession continues to wrestle. Genetic intervention, *in vitro* fertilization, and a host of other developments promise no respite. In this milieu there have evolved several institutes concerned with such problems, notably those at Georgetown, Hastings-on-Hudson, Harvard, and Texas Medical Center (Houston). Traditionally the busy medical practitioner has little time, and the medical student little opportunity, to participate in this dialogue. A modest effort to remedy this deficiency at the pre-medical level

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led to the establishment in 1970 of a seminar course, "Moral and Philosophic Problems of Modern Medicine" (Theology 569), in the Theology Department at Boston College. It is the purpose of this communication to describe the structure and working of the course and to suggest that such a program is a feasible undertaking for pre-medical and nursing students at other institutions.

Anatomy and Physiology of the Course

In the words of the course syllabus, the object of Th 569 is as follows:

To acquaint pre-medical and nursing students with the moral and philosophic problems engendered by advances in medicine; to provide a forum to discuss these problems; to furnish a context that will help to define and resolve these and future problems that may be encountered professionally; and finally, in keeping with the tradition of a Catholic university, to foster free discussion of the issues considered but to indicate, when applicable, what constitutes the Catholic position.

Academic credibility is conferred by the active participation of the full-time faculty member (Father O'Malley) and medical orientation by the practicing physician (Dr. Laforet). The schedule of topics is shown in Table I. Enrollment is stringently limited to 20-25 students of whom about two-thirds are junior or senior pre-medical students and the remainder nursing students in undergraduate or graduate programs. The course is listed for

three credits and consists of 15 weekly sessions of 2½ hours each on Monday evenings. There is no

TABLE I.

<i>seminar number</i>	<i>topic</i>
I.	Introduction; basic concepts in ethics; natural law; free will.
II.	Sources of medical morals; some philosophic and moral considerations in the practice of medicine; medical ethics.
III.	Death and dying; definition of death; theology of death; grief.
IV.	Prolongation of life; the "hopeless case;" telling the patient.
V.	Communication, confidentiality, and computers.
VI.	a. Technology. b. Genetics.
VII.	Chemical and biological warfare; medicine in the military; violence (including behavior modification by drugs or surgery).
VIII.	a. Human experimentation. b. Work/leisure.
IX.	a. Women. b. Current topics in medical ethics not elsewhere considered.
X.	Transplantation.
XI.	a. Medical care: right or privilege? b. Moral and philosophic problems in nursing.
XII.	a. Environment. b. Population I: demography and ecology.
XIII.	Population II: population control.
XIV.	Abortion.
XV.	Conclusion; general discussion; review of participants' course journals.

text, an extensive annotated reading list obviating this need. Virtually all references are from the

recent or current medical literature. Sources include such readily accessible journals as *Science*, *New England Journal of Medicine*, *Journal of the American Medical Association*, *Annals of Internal Medicine*, and *Perspectives in Biology and Medicine*.^{*} Although most references are available in libraries on campus, the local community hospital library (Newton-Wellesley Hospital) has also made its facilities available to students in the course. Apart from active participation in the discussions, the only requirement is the maintenance of a course journal. This is an on-going critique of the seminars with both objective and subjective facets. It is submitted at the penultimate seminar and evaluated by the faculty members before being returned to each student at the last session. Material contained in the course journals forms the basis for the final general discussion for which the site changes from the seminar room to a more social environment on campus, such as a dormitory lounge or common room. Special note should be made of the participation of "guests" in the seminars. These include medical alumni with expertise in a given area, or physicians who are not alumni, or faculty members, or interested health professionals from the community at large. For example, a neurosurgeon has customarily attended all seminars on death and dying, a psychiatrist those dealing with confidentiality, and a nurse those concerned

with nursing ethics. A student moderator and alternate are assigned to manage all or part of each seminar, and every participant has this opportunity at least once during the semester. Simply put, the moderator is responsible for the conduct of the seminar. This includes arranging for a guest, directing the discussion, and planning with the alternate(s). In order to provide a minimum basis for discussion, a certain number of articles for each seminar are characterized as "required," while others of particular interest (but perhaps with difficulties such as limited availability or excessive length) are designated as "optional." There still remain in the syllabus a huge number of stimulating articles into which the student may wish to delve.

Observations

1. Initial concern that the subject matter might be too technical or sophisticated for collegiate undergraduates proved groundless. Present-day students are well versed in the facts of our technological and biomedical society.

2. The blend of nursing and pre-medical students has been felicitous since the former are able to draw on practical clinical experience not yet available to the latter. Furthermore, the development of a peer relationship between nursing and pre-medical students may help avoid the inter-professional tensions that sometimes characterize practicing physicians and nurses.¹

3. Invited guest-participants have been an invaluable feature of the seminars. The response of busy physicians and others to such requests has been heartening. Not infrequently the guest has found it a stimulating and enjoyable experience and has come away with the feeling that he has learned more than he has contributed. Several have attended the appropriate seminars for all five years that the course has been in existence. It seems safe to state that there must exist, in any community, a large reservoir of good-will among health professionals who seem to welcome the opportunity to participate in such programs, provided only that they are asked. An important feature of the "guest" arrangement is the opportunity that it affords pre-medical students to meet, in fairly intimate circumstances, practicing health professionals. The potential counseling aspect of these encounters is great. Additionally, guests who are obviously conscientious and honest may serve as effective role-models in an era when academic stresses among pre-medical students seem to spawn anti-social and immoral behavior such as cheating.²

5. The course has been a small but effective example of community/university interaction. Guests have been drawn from all segments of the local community and have ranged from medical social workers and prisoners' rights advocates (human experimentation seminar) to practicing lawyers and transplant surgeons.

As already noted, the facilities of the local community hospital medical library have been made available to students enrolled in the course. It seems certain that a community hospital of this type would be in geographic proximity to almost any college campus and that its use could be extended to students in a similar fashion. Few needed journals would be unavailable in the usual core library sponsored by the modern community hospital.³

6. The practice of employing student moderators for all seminars has the obvious advantage — for faculty, at least — of eliminating an onerous role. Furthermore, it stimulates a contest for excellence among the participants and necessitates more than the usual amount of preparation. Verbal and organizational skills are enhanced. In particular, it promotes an active rather than a passive attitude toward the seminars and encourages a cybernetic relationship to the course. Students have been active in obtaining guests other than those suggested in the syllabus and have never been reluctant to indicate ways in which the course could be improved. And with few exceptions these suggestions have been incorporated in each new syllabus.

Conclusion

A course on the moral and philosophic problems of modern medicine can be effectively incorporated in the curriculum of pre-medical and nursing students at the collegiate level. The aca-

demical value is high and the ancillary benefits are considerable.

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Book Review

To Live And To Die: When, Why, and How

Edited by Robert H. Williams, M.D.

New York: Springer Verlag, 1974

To Live And To Die is a collection of essays on ethical problems that would be of interest to medical students and physicians. The book resulted from a course given on these topics under the direction of the editor of the book, Robert H. Williams, M.D. All the topics have to do with the control and way of life made possible by recent scientific and technical progress, although not all of them would be classified as medical ethics, or even bioethics. Such subjects, for instance, as campus protest, the choice of a career, and marriage are treated in the collection.

Williams himself, besides contributing a lengthy prologue and

epilogue to the book, was responsible for several chapters on specific topics. His own ethics would have to be classified as liberal and purely secular or humanistic. He shows little understanding of, and less sympathy for, a religious ethic. He sees little value in suffering. To escape it, he can find no fault with positive euthanasia at the request of the patient, or even suicide. Contraception is preferable to abortion, but if it fails abortion should be used as a backup.

Williams sees no more than a difference of degree between abortion and contraception. Since there is life both in the sperm and the ovum, even contraception in-