Teaching and learning medical ethics

Teaching medical ethics to experienced staff: participants, teachers and method

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Abstract
Almost all articles on education in medical ethics present proposals for or describe experiences of teaching students in different health professions. Since experienced staff also need such education, the purpose of this paper is to exemplify and discuss educational approaches that may be used after graduation. As an example we describe the experiences with a five-day European residential course on ethics for neonatal intensive care personnel. In this multidisciplinary course, using a case-based approach, the aim was to enhance the participants’ understanding of ethical principles and their relevance to clinical and research activities. Our conclusion is that working with realistic cases encourages practising nurses and physicians to apply their previous knowledge and new concepts learnt in the course, thus helping them to bridge the gap between theory and practice.

Keywords: Case method; medical ethics education; neonatal intensive care personnel

Introduction
There is growing interest in education in the field of medical ethics within the health care profession. A search on MEDLINE in July 2000, using “(teach* OR educat*) AND ethic*”, resulted in 5672 hits. In the Journal of Medical Ethics we found 149 contributions. Almost all these articles deal with proposals for or experience of teaching undergraduate students. Within medical faculties the establishment of ethics programmes is also becoming increasingly common, and medical ethics has been a highly successful addition to educational curricula worldwide. This is, for instance, indicated by a survey of 206 medical schools in Asia.1 Unlike undergraduate students, however, experienced staff have few opportunities for further education which addresses their special problems. In answering a self-administered questionnaire on ethical decision making in neonatal intensive care (EURONIC project), a number of nurses and physicians from eight European countries emphasised the need for more training in medical ethics related to their own field.2 Thus, it seems that many fully trained professionals could be better equipped when facing ethical problems in their everyday practice. Over the last ten years, the Journal of Medical Ethics has only had three articles describing courses for experienced personnel: one in which senior doctors were introduced to narrative ethics,3 one for registered nurses using role-play,4 and one in which medical house officers were randomised and given different courses in medical ethics.5 More are needed. In our opinion, it is very important that we share our experiences with each other.

Objectives
The main purpose of this article is to describe and discuss educational approaches that may be used in teaching medical ethics after graduation: who should be taught, who should teach, and with what methods. As an example of one way to answer these questions, we describe our own experiences with a European residential course that took place in Florence, Italy during one week in the spring of 1998. The course was a cooperative project between an ethicist (TN) and a neonatologist (MC), in collaboration with an epidemiologist (RS).

Who should be taught?
All health care professionals have to face ethically problematic situations, and therefore may certainly benefit from education in the theory and practice of ethics. It is particularly important, however, that the specialists who face the most difficult decisions, such as those around the beginning and end of life, receive specific support and training. The Florence course was specifically targeted at experienced doctors and nurses from neonatal intensive care units in Europe. In all 20 males, and 22 females (15 nurses, 26 physicians, and one statistician) from 12 different countries participated. Five came from outside Europe (one from Canada and four from the USA). Funds to support attendance for both participant staff (16 junior fellowships) and faculty were made available by the programme for Training and Mobility of Researchers (TMR) of the European Union. We are aware that substantial funding for teaching of this kind may be the exception rather than the rule. We believe, however, that the main elements of our experience may be applied on...
a national or local basis. One of the aspects which is certainly worth emphasising is the combination of professions sharing the same field and the same day-to-day activities. The different members of the team, in this case doctors and nurses, were given the opportunity to discuss ethical problems with each other in order to understand the importance of staff factors, such as different responsibilities and (overt and covert) disagreements.

Who should teach?
There now seems to be general agreement that teaching medical ethics should be an interdisciplinary activity. Experienced health care professionals and persons well trained in the humanities are required. The ideal is to have courses involving both groups of professionals as teachers in the same lecture or seminar. This, in our opinion, is important when teaching undergraduates, but especially desirable with reference to experienced staff. The faculty of the Florence course included well-known researchers and experts with different professional backgrounds: health care (epidemiology, neonatology, and obstetrics) and medical ethics (philosophy and theology). The teachers came from different European countries (Italy, the Netherlands, Spain, Sweden, and the United Kingdom), thus emphasising the relevance of cultural background.

What methods should be used?
There seems to be general agreement that a variety of methods may be used in teaching medical ethics. The choice of focus, however, is more controversial. Should teaching start with practical activities and only use principles and theories as illuminators of the problem at hand, or should it proceed from ethical principles or theories to practice? We believe that the two approaches not only could, but also should, be combined. Thus, the Florence course had three main objectives. First, we provided the participants with knowledge of the main principles and theories of ethics. Second, we presented cases for identification and analysis of ethical issues. And third, we encouraged the participants to discuss the relevance of knowledge about principles and theories when trying to identify and solve the ethical problems in the cases presented. More than half of the working time was devoted to the presentation, analysis and discussion of clinical and research cases. This was preceded each morning by two introductory lectures reviewing the theoretical foundations and the basic principles of medical ethics.

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Figure 1: Extreme prematurity as result of induced interruption of pregnancy

A CLINICAL CASE

The story: A 23 weeks pregnant woman was referred to a tertiary medical centre. She and her partner required the interruption of pregnancy because of a perinatal infection with an estimated 5 to 10% risk of the baby developing a severe multisystem disease with brain involvement. The interruption was carried out. However, as the baby appeared alive, according to the law of the country he was intubated and admitted into the neonatal intensive care unit. The parents said they did not intend to accept this baby, and would never come to see him.

The outcome: During the following days, despite full intensive care, the baby's condition deteriorated. He developed a severe hyaline membrane disease, seizures due to a bilateral intraventricular haemorrhage, and anuria. Eventually he became comatose. A decision not to resuscitate him was made. The baby died at six days of age.

Assignment for the group work:
1. Identify the relevant ethical issues posed by this case.
2. Choose one issue for ethical analysis.
3. Identify the two most relevant options.
4. Identify the pro and con arguments.
5. Assess the arguments and make a choice.
Figure 3: Some lessons about the teaching of medical ethics to experienced staff

RECOMMENDATIONS FOR PROFESSIONAL EDUCATION

- The methods used in this course should be applied to mixed groups of clinical specialists working in the same field rather than to groups of nurses or physicians in general.
- In order to benefit from other's knowledge and experience, the students should also work in small groups with cases.
- Success largely hinges on extensive and in-depth interaction between all participants, which becomes possible when most of them share the experience of closely similar clinical and ethical problems.
Clinical areas other than neonatal intensive care may benefit from the case-based approach used in the course. We wish to emphasise, however, that this method should be applied to mixed groups of clinical specialists working in the same field rather than to groups of nurses or physicians in general. Success in fact largely hinges—as in this course—on extensive and in-depth interaction between all participants, which becomes possible when most of them share the experience of closely similar clinical and ethical problems (figure 3).

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References