Teaching Ethics in the Health Care Setting
Part I: Survey of the Literature

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The last twenty years have brought important changes to health care and health care education. Educators and students alike face an enormous number of new fields of study and new medical technologies. Health care professionals and institutions are also facing new challenges in the form of shrinking economic resources, and the AIDS epidemic. They must also respond to increased patient participation in health care decisions, and public concern about abortion and euthanasia. These challenges to the health care professional have compelled educators to accommodate ethics within their already overcrowded curriculum. Those same dilemmas have influenced health care institutions to become active in health care ethics education.

Medical ethics education gained a foothold in the United States during the late 1960s, when the medical schools of Pennsylvania State University, the University of Florida, and the State University of New York at Stonybrook established programs in the humanities (Pellegrino 1982). In 1978 Robert Veatch noted that formal teaching in medical ethics was rare; most institutions that taught medical ethics used "informal instruction in the apprenticeship mode" (Veatch 1978). However, by 1982 a survey by the American Medical Association (AMA) revealed that all but one of the 127 medical schools had courses that included medical ethics. Thirty eight of these had medical ethics as a required course (Pellegrino 1985). And by 1989, 43 of the 127 medical schools had separate courses in medical ethics, while 100 covered medical ethics within required courses. Medical ethics is now an accepted part of medical curriculum, though it is not fully mature, and its future remains somewhat unclear (Miles 1989).

The evolution of ethics in the nursing curriculum has essentially mirrored that of the medical curriculum. A 1977 survey of baccalaureate nursing programs revealed that only 7 percent of nursing programs required courses in ethics...
A decade later a second survey of undergraduate programs identified 85 percent of responding nursing schools as teaching nursing ethics either in separate ethics courses or within other required courses (Cas-sells and Redman 1989).

Though the precise future of health care ethics may be unpredictable, there is little thought that the role of ethics will diminish in importance as the 21st century approaches. Ethics is seen as part of a larger plan to develop and enhance the health professional's human values, social conscience, and interpersonal skills. “This broader effort derives from concerns about the personal attributes and humanistic sensitivity of physicians, the recent overly 'scientized' trend in premedical education, the selection of medical students, and the socialization and cynicism engendered by medical education” (Miles 1989, p. 705).

While nearly every medical and nursing school in the United States now teaches ethics in one form or another, the degree to which ethics is integrated into the curriculum varies from school to school. Some ethics courses are required elements of the students' education; some institutions require attendance at seminars and ethics grand rounds. Other schools offer an array of elective courses in topics that relate to ethics in medicine and nursing (including medical humanities, medicine and the law, literature and medicine, history of medicine, patient advocacy, and human values in nursing.) “Brown bag” seminars and journal clubs are also common.

There is much debate over how health care ethics should be taught. Some argue that medical professionals should be conversant with theories of ethics and principles of biomedical ethics. Others think that a theoretical approach will alienate already overworked medical or nursing students, and that instruction in ethical theory should be kept to a minimum. Case studies are frequently cited as a way to involve students in medical decision making, forcing them to analyze problems that they can relate to their own experiences.

Additional concerns center around who should teach health care ethics. Frequently, physicians and nurses interested in ethics teach courses. Some commentators see this as the most desirable arrangement, asserting that practicing health care professionals best understand the conflicts faced by physicians and nurses-in-training. However, there is a growing pool of professionals who are undergoing training as medical ethicists. These individuals study ethical theory and bioethical principles in depth at the graduate level with the goal of cooperating with medical and nursing faculty in teaching students to solve ethical dilemmas. The rationale behind training specialists in ethics is that they bring a different expertise and perspective to the care of patients that can be very valuable in training health care professionals. Other professionals who are also teaching health care ethics include philosophers, theologians, biologists, attorneys, public health administrators, psychologists, and sociologists.

Teaching styles vary. Some instructors rely heavily on lectures, while others prefer to base instruction on case studies. Some courses are taught using a prescribed set of readings, and topics for discussion; some even use com-
computer-assisted instruction. Other courses are student-directed, in which topics of discussion are chosen by the students, and case studies come from the students' own experiences.

In surveying the teaching of medical and nursing ethics, it is evident that every instructor and program has his or her own method of imparting information and engaging students. Many of them report successful experiences with very different methodologies. While evaluation of the effectiveness of medical ethics education is rather underdeveloped, it seems clear that programs can learn from one another.

Presented below is a selection of references pertaining to the teaching of ethics in the health care setting. It is not intended to be comprehensive, but is offered as a sample of the literature.

ORGANIZATIONAL STATEMENTS


The American Association of Dental Schools expects dentists to be committed to the "moral principles that are the basis of a profession's contract with society," and stresses that dental students need to develop an attitude that ethical decisionmaking is a process requiring lifelong learning and commitment. To this end, guidelines are presented for the teaching of clinically-oriented dental ethics education.


The American Association of Colleges of Nursing identifies seven essential values for the professional nurse: altruism, equality, esthetics, freedom, human dignity, justice, and truth. These values constitute an integral portion of the curriculum in many courses in nursing ethics and demonstrate the need for nursing ethics education.


The American Board of Internal Medicine affirms the importance of humanistic traits in physicians, and outlines the methods to instill and evaluate these qualities. Specifically, the Board will continue to include questions that address cognitive aspects of medical ethics in its written examinations, and those who fail to meet the Board's humanistic standards will be excluded from admission to a certifying examination.

Beginning in 1982, the American Board of Pediatrics (ABP) has required that pediatric program directors attest to each ABP applicant's "ethical and moral behavior as it affected his or her professional performance." After listing desirable traits, suggestions are made for education and evaluation through the use of positive role models, conferences, review of patient care, role-plays, counseling and feedback from patients, families and peers.


In a very brief statement, the House of Delegates adopted a resolution stating that the AMA supported required medical ethics instruction in medical schools.


While The Pond Report stresses the importance of teaching biomedical ethics, it goes further than others in outlining topics to be covered, and emphasizes planning and scheduling. It also reports physician and student reactions to current methods of teaching medical ethics.

**BACKGROUND ARTICLES**

Barlotta, Flora M.; and Scheirton, Linda S. The Role of the Hospital Ethics Committee in Educating Members of the Medical Staff. *HEC (Hospital Ethics Committee) Forum* 1(3): 151-158, 1989.

In a brief survey on the importance of teaching biomedical ethics, the authors stress the role that hospital ethics committees should play in the ongoing education of hospital staff. Barlotta and Scheirton provide suggestions for modes of education, including formal courses, seminars, in-service education to explain new policies or guidelines relevant to bioethics, ethics grand rounds, clinical clerkships, "brown bag" lunches, and audiovisual films.

Bickel presents the results of a survey of medical schools and their medical ethics education in 1984–85. Eighty-four percent of medical schools required one human values course during the first two years; 34 percent required courses during the third or fourth years. Also included are the characteristics of instructors of medical ethics, faculty development efforts, barriers against further integration into the medical curriculum, and the evaluation of courses.


Cassells and Redman report the results of a survey of undergraduate nursing students from 1984 to 1987. The survey reports that ethics is regularly included in the baccalaureate nursing curriculum and that students experience a sense of growth from ethics education. The authors conclude that different educational strategies are successful in teaching nursing ethics and that a systematic approach to analyzing ethical dilemmas can and should be taught to undergraduate nursing students.


As part of the Hastings Center Project on the Teaching of Ethics in the late 1970s and early 1980s Professor Clouser provides an introduction to the teaching of bioethics—in medical and nursing schools, in undergraduate institutions, and in various allied health schools. Clouser presents subject matter, outlines goals, surveys teaching methods, and identifies some obstacles to overcome. Although some of the bibliographic materials are now dated, it provides a valuable foundation upon which to build.


Cragg points out that while many younger nurses were exposed to ethics in their undergraduate studies, most nurses working today completed their formal education before bioethics was considered an important element of biomedical education. The author draws attention to the nursing literature that substantiates the theory that better ethical decision making reduces stress and burnout among nurses and improves patient care.


Goals and content of a basic medical ethics curriculum are presented. Specifically, it should teach medical students to identify the moral aspects of medical practice; how to obtain a valid consent to or refusal of treatment; how to proceed if a patient is only partially competent or incompetent to decide, or if a patient refuses treatment; how to decide when it is morally justifiable to withhold information or to breach confidentiality; and how to deal with the moral aspects of caring for patients with a poor prognosis.

Professor Fletcher asked a question in 1973 that is still being asked in 1990. He argues that “no one discipline, field or profession owns the property rights to medical ethics.” He uses a schema adopted by H. D. Aiken to measure the abilities of his ideal teacher of medical ethics.


Fry presents the ultimate goal of teaching nursing ethics: to produce morally accountable practitioners who are skilled in ethical decision making. Fry outlines historical developments in nursing education, describes the current landscape, and discusses three models for instruction: (1) the Scientific Model, (2) the Moral Issues Model, and (3) the Ethics Inquiry Model. A variety of strategies for teaching are described, including clinical conferences, case studies, and ethics rounds.


Gaul provides a overview of nursing ethics education—prevalence in nursing schools, rationale for teaching ethics, methodologies, and the influence of ethics education on nurses’ ethical choices and ethical actions.


Huth critiques two documents on American medical education, both calling for more attention to the humanistic qualities of future doctors, Physicians for the Twenty-First Century Report published by the AAMC, and Eric Cassell’s The Place of the Humanities in Medicine.


Leon Kass describes what he terms seven “dominant fashions” in modern bioethics that he believes have resulted in a theoretical and rationalistic approach with grave weaknesses. He raises questions about the relationship between moral theory and moral action, and about the nature and formation of a moral life. Kass calls for less thinking about doctrine and principles and more thinking about education and institutions, particularly medical institutions.

Miles, Steven H.; Lane, Laura Weiss; Bickel, Janet; Walker, Robert M.; and Cassell, Christine K. Medical Ethics Education: Coming of Age. *Academic Medicine* 64(12): 705–714, December 1989.

A review of medical ethics education is presented. Included in the wide-ranging article are: objectives for designing programs, teaching methods, course content, and program evaluation. The authors note that the future of medical ethics education is unclear; while it is an accepted part of most medical schools, it is not fully mature.


Dental educator Odom reports the results of a survey of health educators
and ethics education in their institutions (both graduate and undergraduate). The academic specialties of instructors and course materials are summarized, as are the qualifications for ethics teachers and basic requirements for health education ethics courses.


Physician and educator Pellegrino challenges the skeptics who believe that ethics cannot be taught. The author argues that ethics can and must be taught, that it is appropriate to teach ethics in medical schools. The skills of ethical analysis and reasoning can be imparted through proper education. Teaching physicians to be virtuous, and to do what is morally right is more difficult, but not impossible.


Pellegrino responds to a number of questions about the value and effect of ethics education. Does teaching medical ethics make a difference? Should ethics be taught in medical school? Can ethics be taught? Whose ethics are being taught? What does the professional ethicist contribute? Why teach the humanities and social sciences in addition to ethics?


Robinson questions what ethical values British medical students are being taught. She is concerned about the emphasis on technology-based intervention, the relegation of ethics to a minor place in the curriculum, and the lack of interest on the part of medical educators in teaching consideration for patients and awareness of their rights. She concludes that physicians who welcome ethical debate and shared decision making are the best instructors of medical students.


Veatch provides a look at the evolution of medical ethics education, from Socrates to 1978. An international overview of medical ethics education is presented and various issues regarding course structure and teaching methodologies are surveyed.

**EVALUATIVE ARTICLES**


Gaul examines the effect of a course in nursing ethics on undergraduate nursing students. Students enrolled in an ethics course and a control group were evaluated using ethical choice and ethical action as guidelines. Professor Gaul concludes that nursing students...
are highly responsive to education in moral reasoning and that formal courses in nursing ethics should be part of the curriculum.

Jacobson, Jay A.; Toile, Susan W.; Stocking, Carol; and Seigler, Mark. Internal Medicine Residents’ Preferences Regarding Medical Ethics Education. *Academic Medicine* 64(12): 760–764, December 1989.

Findings from of a survey of medical residents who had recently undergone medical ethics education are reported. Both course content and the usefulness of teaching methodology were included in the study.


Results are reported of a 1982 survey by the American Medical Association to ascertain how physicians rated their education in preparing them to deal with the ethical issues they encountered in practice. The study indicates that physicians who had had courses in medical ethics perceived them to be of substantial practical value and recommended that their content be expanded. Statistics are presented on the frequency of specific topics encountered in practice and on the relative influence of home life, personal values, medical education, medical practice, and ethics courses on respondents’ approaches to ethical issues.


The effect of incorporating medical ethics into the medical curriculum and the relative effectiveness of two teaching methods (lecture and case study) are evaluated. The study demonstrates that: (1) teaching medical ethics produces significant development of moral reasoning, and (2) there is not a statistically significant difference in the effectiveness of either teaching method.

**TECHNIQUE ARTICLES**


Carson and Higgs advocate the use of case studies, maintaining that cases convey the drama of physician-patient interaction to students and teach them to identify, analyze, interpret, and resolve moral issues. He also points out the pitfalls in teaching by the case method, a prominent one being entanglement in clinical details and in the fine points of moral philosophy and theology. Higgs expands upon Carson’s thesis and examines the role of case studies in helping health professionals to identify where their professed ideals are not reflected in their practices, in providing surrogates for life experience, and in defining divergent and paradoxical concepts and attitudes.

Francoeur has found that the prevailing case study approach to teaching bioethics does not work well in the allied health sciences with college students who have not been trained in problem analysis and decision making. He describes a different type of course designed specifically to develop such analytic and decision-making skills.


Loewy stresses that medical ethics education must deal with problems to which medical students can relate. Cases with which the student is actually involved and in which ethical dilemmas can be illustrated are essential to effective learning experiences.


A “Great Books Course in Medical Ethics” is described. The course, a series of monthly seminars for attending staff and medical house staff, is intended as a forum in which great works of literature serve as the springboard for exploring issues of clinical medical ethics. Participants in the seminars have found them beneficial in enhancing their analytical skills for addressing ethical problems.


The authors describe the design of a new ethics curriculum using a multicourse sequential learning plan. This helps to enhance organization of course content and accountability for course material, to avoid duplication of material, and to build upon one another’s teaching.


Professor Self compares and contrasts two different approaches to clinical ethics education, what he calls the classical humanities approach, and the humanistic psychology approach. While both approaches have basically the same goal of developing clinical competence, they employ very different tactics. In the classical humanities approach, emphasis is placed on critical reasoning and analysis, thereby influencing a student’s moral maturity. In the humanistic psychology mode, emphasis is placed on keeping the health professional physically, emotionally, and mentally healthy so that he or she will be best able to help others.

The authors describe their evolution from a teacher-centered to a student-centered approach. Students are free to choose which ethical issues to explore within a provided framework. The types of topics chosen by students are discussed.

Waithe, Mary Ellen; Duckett, Laura; Schmitz, Kathy; Crisham, Patricia; and Ryden, Muriel B. Developing Case Situations for Ethics Education in Nursing. Journal of Nursing Education 28(4): 175-180, April 1989.

Nursing professors from the University of Minnesota present a method for developing realistic and ethically challenging case studies employing the Crawford Slip Method. A collection of cases created using this technique is provided.


The authors describe using games to overcome difficulties experienced by students in their first course focusing on ethics in nursing. Many students find ethical analysis difficult because of the high levels of ambiguity and uncertainty. White and Davis describe the employment of a game called "Rights: Helter Skelter" to alleviate student anxiety.

PROGRAM DESCRIPTIONS


The General Internal Medicine Residency Training Program at Rhode Island Hospital is one of a few residency training programs to require substantive exposure to issues in medical ethics. The authors argue that residency training is the ideal time to establish the critical link between basic philosophical principles and clinical medicine, and to enhance patterns of communication with patients.


The approach taken by London’s St. George's Hospital Medical School in introducing the teaching of medical ethics is presented. The goals are to promote students' understanding of the role that the values of religion, law, and society play in the formation of ethical codes of medical practice. The course focuses on ethical aspects of the doctor's personal conduct and on his or her relationship with patients, the medical profession, and society.


The authors describe the residency program at a general medical inpatient facility associated with the University of Florida College of Medicine. In an attempt to "elucidate the ethical content and moral implications of medical
decisions,” ethics teaching has been built into the clinical grand rounds. Case reports accompany the article.


The author provides an outline of a brief lecture given to obstetrics and gynecology residents at the University of Tennessee Medical Center. Elkins touches upon theories of philosophic ethics and principles of biomedical ethics such as honesty, contract-keeping, nonmaleficence, justice, autonomy, beneficence, and virtue.


A course for second-year graduate students in clinical psychology at the University of Dayton is summarized. Course content is briefly outlined and evaluation of the course is described.


Goldman reports on an elective course for first-year medical students on AIDS. The course includes films and roundtable discussions with patients, families, and health care professionals caring for AIDS patients. Evaluation of the course is mentioned briefly.


The authors report their approach, problems, and results in conducting a preclinical medical decision-making course at Michigan State University. This course sequence incorporates the strategies of decision analysis, ethical analysis, and health economics in evaluating information and applying basic science principles to cases involving commonly encountered conditions. Specific ethical issues considered in case discussions are discussed.


Puckett describes Duke University’s approach to teaching medical ethics. Based on small group discussions that span the four years of medical school, the program includes clerkships, electives, career counseling, and cultural enrichment.


Quinby and Kurfees present the Physician Preceptor Program at the University of Louisville School of Medicine. Students enrolled in the eighteen-week course are paired with a volunteer physician who meets with the student three hours per week; the student follows the physician through the daily routine. Home visits, journal keeping, and
roundtable discussions are also part of the program.


In an effort to teach students at a time when they have enough clinical experience to appreciate medical ethics, Redmon developed a case-based instructional experience for third-year medical students at the Virginia Commonwealth University Medical College. Students submit case studies to be evaluated and discussed at a later roundtable discussion.


The Yale University School of Medicine's psychiatric residency program in medical ethics is described. Topics of discussion are outlined, as well as concerns the authors have regarding the timing of the course.


The entire issue of this journal is dedicated to teaching medical ethics. Descriptions of programs at the following medical schools are included: Baylor College of Medicine; University of California, San Francisco; University of Washington; University of Chicago; East Carolina University; Loyola University of Chicago; Northwestern University; Pennsylvania State University; University of Pittsburgh; and Brown University.


There has been an explosion in the formal teaching of medical ethics in North America and Western Europe during the past twenty years, with the United States taking the lead in establishing interdisciplinary programs of education. Canada, The Netherlands, West Germany, France, Italy, Yugoslavia, Sweden, and Denmark are also discussed as having introduced courses in ethics into their medical curricula, most often at the graduate and continuing education levels.

**ADDITIONAL READING**


Fletcher, John C.; White, Margo L.; and Foubert, Philip J. Biomedical Ethics and an Ethics Consultation Service at the University of Virginia. *HEC (Hospital Ethics Committee) Forum* 2(2): 89–99, 1990.


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