

Preface

This book is an attempt to think through the teaching and learning of medical ethics on the undergraduate medical degree. It would be easy to assume that ethics became a part of modern medical education as the result of external factors, notably bioethics. However, whilst it is certainly related to these wider developments, it is important that we see such education in its native context and relate the medical student's ethical education to their wider medical 'apprenticeship' and moral socialisation. The drive towards integrating medical ethics education across the curriculum demonstrates that whilst ethics can be seen as somewhat external to medical practice there is a recognition that it is important to engender a close relationship between theory and practice. Furthermore, despite Jonsen identifying a deeply meliorist orientation in the Birth of (American) Bioethics (1998:390), there has been limited bioethical research on how, and to what effect, medical ethics is taught to nascent medical professionals. Although there is some work in the tradition of 'moral education' we might contrast such concerns with the narrower focus on formal ethics taken here. What research there has been tended to focus on the psychological development of medical students. In addition little notice has been taken of wider research into the pedagogic process, of education, teaching and learning. Finally, there is a tendency in bioethics to mistake medical (or other professional) students for philosophy students and philosophical applied ethics for the moral and ethical practices embedded within modern medical culture. This book adopts a broader social theoretical perspective in an attempt to rectify some of our mistaken assumptions about what it is to teach medical ethics in a professional context.

To this end [Chap. 1](#) introduces a number of concepts that frame and recur throughout the rest of the book. Of particular importance is the distinction, or lack thereof, between formal and informal education. Recent research has shown that the learning process does not differ whether or not it takes place in a formal classroom context or in an informal workplace context. This has obvious implications for medical education that occurs both at the bedside and in the classroom. Whilst the pedagogical content and the nature of what is learnt differ markedly across these two contexts the social psychology of the learning that takes place remains the same. No less important than the formal/informal distinction is the two metaphors for learning—acquisition and participation—identified by Sfard (1998).

Our standard assumptions about education are predicated on knowledge acquisition and its transfer from the teacher to the learner. Educational research in a variety of domains has shown the paucity of this model and encourages us to think about how knowledge is used and put into practice. During their education learners are inducted into this use. Therefore in order to capture this more active sense and as a compliment to the concept of socialisation I offer the notion of enculturation, an idea that is central to the rest of the work.

In [Chap. 2](#) I discuss the social theory of Pierre Bourdieu and some recent sociological research into medical education that has made use of his analytic tools. I argue that Bourdieu offers a powerful perspective that allows us to understand and explore various aspects of what sociology calls professional reproduction. However, sociological research has a tendency to focus on the informal aspects of medical education and so, alongside some other commentators, I suggest that Bourdieuan social theory (and sociological perspectives on professional reproduction more generally) requires further development if it is to take proper account of the pedagogic process in its entirety. To this end, I discuss Bourdieu's concept of habitus in a cognitive frame and offer the concept of thinking dispositions as a tool that can underpin our understanding of ethics in professional practice and medical ethics education.

In [Chaps. 3](#) and [4](#) I put aside these theoretical concerns and explore the recent history of medical ethics education in the UK and in the Medical School at Queen's University Belfast. There has been some research in this area that, in general, has focused on the London Medical Group, the precursor of the UK's Institute of Medical Ethics. I draw on this research and demonstrate that the activities and ends of this group were complimented by other changes in medical education that were taking place around this time. Particularly notable is the advent of general practice education and, in theories of professional practice and in approaches to professional education, the concept of reflection as well as a broader concern for the characterological and student's (professional) development. These connections can be clearly perceived in the career of WG Irwin who was the first Professor of General Practice at Queen's University Belfast, holding the position from 1971 to 1990. In developing general practice as an academic endeavour Irwin pioneered a number of educational innovations and, in collaboration with others including a 'consultant educationalist,' published a number of articles documenting his activities. Following his appointment to the Warnock Committee and having already taught terminal care he developed a concern for medical ethics. Whilst his medical ethics is idiosyncratic—being formed by seven somewhat overlapping principles—his pedagogic approach, developed in isolation from the kind of activities that characterised the London Medical Group and took place at other UK medical schools, is not overly distinct from the teaching that was developed in these institutions.

In [Chap. 5](#) I return to more theoretical concerns and explore the recent rethinking of apprenticeship that has emerged from cognitive anthropology. Complimenting Bourdieu's social theory in its focus on practice and underpinned by a Vygotskian and therefore fully social psychological perspective I examine

what this can bring to our understanding of medical ethics education. In the final analysis I consider what is actually enculturated as a result of medical ethics education. I suggest that this includes the concepts, style of reasoning (metacognition), and beliefs of modern medical ethics are legitimately considered as enculturated. However the way in which thinking dispositions are reproduced is better understood as a result of a cognitive socialisation that attends the enculturation of concepts, metacognition and beliefs.

In the conclusion I draw together the themes presented in the previous chapters. I suggest the views I have presented are bound together by an underlying dispositionalism. Adopting this perspective assists in countering some of the challenges to our ethical reasoning that have recently emerged from the new synthesis in moral psychology. I argue that we should perceive medical ethics as an orthogonal specialism of modern medical practice. Finally I draw out some of the implications for medical ethics education and, reflexively, for the practice of applied bio-ethics.

References

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