Healthcare Education and the Christian Faith

Education in the healthcare professions presents particular challenges in combining education, the profession, and the care of the patient. Christians in healthcare education should look to their faith for support and guidance in addressing these issues.

Healthcare Trainees:

Medical and dental students and residents are partially trained healthcare professionals. Christian healthcare trainees are subject to the same standards and guidance as are fully trained Christian healthcare professionals (see Ethics Statement*)

All authority is established by God. Healthcare trainees should respect the authority of attending clinicians and others responsible for patient care. In situations where there is a difference of opinion between a trainee and those professionals in authority, excluding matters of conscience, the trainee should respectfully state his or her opinion and reasons, and should then honor the final decision of the person in authority. If the trainee believes a patient may be harmed by the decision, he or she should tactfully seek counsel from one or more experienced professionals.

Professional trainees should not place a patient at physical risk for the sake of learning, but should seek supervision from others with more experience or knowledge, when appropriate. They should not put themselves at moral risk, but rather graciously decline to participate in any aspect of training or patient care which would violate their conscience.

Healthcare in a teaching setting requires cooperation and communication among many members of the professional team. This presents unique challenges for the trainee in regard to patient privacy and confidentiality. Special efforts must be made in such settings to retain and demonstrate the highest respect for patients.

Trainees should be honest with patients about their level of training; e.g. medical and dental students must not introduce themselves to patients as "Doctor". They should likewise be honest with their professional colleagues and in matters of documentation, never compromising their integrity for the sake of being a "team player". They need to be honest with themselves and with those to whom they report when they make mistakes.

Healthcare Educators:

Clinicians involved in the training of medical and dental students and residents should exert proper supervision and authority without physical, emotional, or sexual abuse. Trainees should be treated with courtesy and respect at all times and should not be asked or expected to expend themselves to the point of endangering patients or of damaging their personal or family lives. Conversely, the teacher should model balance in their personal and professional lives and assist the trainee in establishing the same. Christian healthcare educators should model the demeanor of Jesus in His teaching and ministry.

Residents and students should be trained in all aspects of the well-being of their patients, including physical, mental, emotional, social, and spiritual aspects of health.

The teacher should ensure that the patient's care is not compromised by the inexperience of the trainee.

If a trainee in the healthcare professions expresses an unwillingness to participate in an aspect of training or patient care as a matter of conscience, that stance should be explored in a non-judgmental manner to ensure that both parties fully understand the issue. The trainee's position on matters of conscience should be honored without academic or personal penalty.

Healthcare trainees and educators should work together with compassion, competence and integrity to enhance patient care and to strengthen professional standards. Following the model of our Lord Himself in equipping and sending disciples, health care education should ensure the excellence of future practitioners and educators.

* See statements entitled "Principles of Christian Excellence in Dental and Medical Practice," "Christian Physician's Oath," "Christian Dentist's Oath," "Biblical Model for Medical Ethics," and "Sharing Faith in Practice."

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Background

Education in medicine and dentistry has traditionally consisted of several years of rigorous study and supervised practical experience. The primary goal has been to prepare students to be competent and caring professionals. The importance of this goal has led educators to insist on high standards of performance and to expect personal sacrifice from trainees.

Increasingly complex technology, an expanded knowledge base and a broader scope of healthcare have resulted in a vast amount of material that must be available to healthcare trainees and practitioners. Tensions are not uncommon in healthcare education because of the increased demands on trainees and the lofty expectations of the educators, along with an increased assertiveness of contemporary healthcare trainees as compared to their predecessors of earlier generations. These tensions have regrettably led to occasional instances of strained relationships, even to instances of alleged, perceived or real student abuse or harassment. In an effort to motivate students to excellence, educators have on occasion publically degraded or humiliated those who they judge are inadequately prepared or behaving inappropriately.

At the same time, there is a new awareness that other tensions may arise in healthcare education from ethical issues which arise specifically because healthcare trainees are only partially trained, e.g. conflicts of interest between doing what is best for the patient and what is best for one's own education, truth-telling about one's level of competence and experience, cooperation with other professionals when one's own values are challenged, etc.

Secular perspective

Health professional educators have responded to these changes with curriculum revisions and an increased focus on teaching students efficient means of information acquisition, management, storage, and retrieval. Even with these changes, they have continued to insist on high standards of performance from trainees. The development and nurture of professional values requires mutual respect between student and teacher. Such trust is difficult or impossible if the educational environment is one of tension, disrespect, or abuse. While teachers do have the responsibility to motivate and correct students, when correction of an individual is needed, this should be done in private and in a way which does not show disrespect for him or her as a future colleague.

An important part of the teaching of mutual respect among professionals is the perception of students as they observe faculty in their interactions with each other. Therefore faculty should be models of professionalism in all of their interactions and should avoid inappropriate behavior or mistreatment of other professionals and staff. This includes the avoidance of derogatory remarks about or attitudes toward individual colleagues, services, or departments.

Students also learn professional behavior and demeanor by observing their teachers as they interact with patients. Such professional interactions should always be courteous and respectful. Respect for individuals includes, but is not limited to, such things as punctuality, thoughtfulness, mindfulness of personal space, as well as manner and mode of address, appropriately modest draping, tone and content of verbal interchanges, and body language. In addition, discussion of patients out of their hearing should continue to show the same degree of respect and should not include contemptuous, derogatory, judgmental or demeaning remarks.

In response to the above-mentioned tensions in professional education, in 1999, the Liaison Committee on Medical Education (formed in 1942 by the AMA Council on Medical Education and the Association of American Medical Colleges to establish standards for and accredit U.S. and Canadian medical schools) mandated that every medical school establish policy and procedure related to standards of conduct in the teacher-learner relationship, including issues of student mistreatment. In addition, some state legislatures have enacted laws limiting the number of hours that professional trainees are allowed to be on duty.

Christian Perspective

Christian trainees and educators have not been able to avoid these changes and tensions. However, in addition to the professional values and traditions, they have biblical principles and teachings to give guidance and to assist in the resolution of these tensions.

Christian educators are committed to many fundamental values such as: compassion, integrity, excellence, freedom, justice, purity/self-control, and humility. These values may occasionally be formally taught by faculty, but more often are learned informally by students through observation of models of professional behavior toward students, colleagues, and patients.

Christian students in the healthcare professions should likewise model attitudes, words and deeds consistent with those taught by Jesus Christ.

Abstracted Articles:

Kopelman, Loretta. "Cynicism Among Medical Students." JAMA 21 Oct, 1983; 250 (15): 2006-10.

"The thesis that medical students become more cynical than students of other professions seems justified in light of psychological studies and reports from medical students. This article explores whether this might be due, in part, to disappointment about how important ideals are followed. Psychological tests themselves offer an opportunity to examine this, because the medical profession espouses the goals of gaining proper consent from all subjects, including students, and of giving appropriate attention to excellence of research design and method. When studies used to evaluate medical students' attitudes are viewed from this perspective, however, weaknesses on both scores seem apparent. Students seem well aware of some of these flaws. Although such testing is a small part of medical education, it confirms students' views that there is cause for disillusionment about how certain goals are realized. It also suggests a way to cure some students' cynicism. Students should be taught consistently, both by example as well as by precept of their profession's sincere commitment to professed goals. In practical terms this means, for example, that studies using students as subjects should have a proper review by the institutional review board, with adequate attention given to excellence of design, confidentiality, and methods of gaining informed and unpressured consent. Such studies could then serve as paradigms to students. Other goals of the profession should also be applied to students, and applied for students."

Silver, Henry K. and Anita Duhl Glicksen. "Medical Student Abuse: Incidence, Severity, and Significance." JAMA 26 Jan, 1990; 263 (4): 527-32.

"In a survey of the incidence, severity, and significance of medical student abuse as perceived by the student population of one major medical school, 46.6% of all respondents stated that they had been abused at some time while enrolled in medical school, with 80.6% of seniors reporting being abused by the senior year. More than two thirds (69.1%) of those abused reported that at least one of the episodes they experienced was of 'major importance and very upsetting.' Half (49.6%) of the students indicated that the most serious episode of abuse affected them adversely for a month or more; 16.2% said that it would 'always affect them.' Students identified various types of abuse and proposed a number of measures for the prevention and management of abuse in medical school. We conclude that medical student abuse was perceived by these students to be a significant cause of stress and should be a major concern of those involved with medical student education."

Baldwin, Dewitt C. Jr., Steven R. Daugherty, and Edward J. Eckenfels. "Student Perceptions of Mistreatment and Harassment During Medical Schools: A Survey of Ten United States Schools." Western Journal of Medicine Aug 1991; 155 (2): 140-45.

"Senior students at 10 medical schools in the United States responded to a questionnaire that asked how often, if ever, they perceived themselves being mistreated or harassed during the course of their medical education. Results show that perceived mistreatment most often took the form of public humiliation (86.7%), although someone else taking credit for one's work (53.5%), being threatened with unfair grades (34.9%), and threatened with physical harm (26.4%) were also reported. Students also reported high rates of sexual harassment (55%) and pervasive negative comments about entering a career in medicine (91%). Residents and attending physicians were cited most frequently as sources of this mistreatment. With the exception of more reports of sexual harassment from women students, perceived mistreatment did not differ significantly across variables such as age, sex, religion, marital status, or having a physician parent. Scores from the 10 schools also did not vary significantly, although the presence of a larger percentage of women in the class appeared to increase overall reports of mistreatment from both sexes."

Sitham, Sean. "Education Malpractice." JAMA 21 Aug, 1991; 266 (7): 905-6.

It seems that we have medical education pretty well figured out. Two years of basic sciences, two years of clinical experience, a minimum of three years of residency training and then one is a full-fledged doctor with all the requisite knowledge and responsibilities. But there are those who don't quite fit into the system mold, those who need extra help or more attention along the way. The author recalls two students that the system failed, instances that he calls "medical malpractice." The problem, the author argues, is that although teaching is billed at high priority, in reality it is on the back burner. "Part of the arrogance of medicine is the idea that receiving an MD degree means acquiring an instant ability to teach. Teaching requires instruction in education techniques. Teaching takes personnel, time and money. But when the faculty's primary obsession is whether that NIH grant is coming through to pay their salaries or whether their latest article has been accepted so that they can get tenure, teaching will never get the time it deserves." The author concludes, "I am not sure how best to do the teaching, nor so I know who is best qualified to teach. But I am sure of one thing: the present clinical clerkship and residency system of laissez-faire/sink-or-swim is outmoded and amounts to education malpractice."

Pellegrino, Edmund D. "In Search of Integrity." JAMA 6 Nov, 1991; 266 (17): 1454-55.

"Any vice practiced often enough and by enough people soon becomes the moral norm." With this statement, the author begins a discourse on cheating and its consequences, the practice of which has almost become ingrained in medical school. Citing some of his experiences with medical students, the author deplores this trend stating that, "such widespread tolerance of dishonesty in future physicians is disquieting indeed." After analyzing the moral deficiency of the most common arguments for cheating, the author suggests several solutions. He concludes, "acceptance or indifference is not tolerable in preparation for a profession in which fidelity to trust is a major obligation."

Dans, Peter E. "Medical Students and Abortion: Reconciling Personal Beliefs and Professional Roles at One Medical School." Academic Medicine Mar 1992; 67 (3): 207-11.

"A survey was used from 1983 through 1990 in a required first-year course, Ethics and Medical Care, at The Johns Hopkins University School of Medicine, to explore where students drew the line about moral issues. Starting in 1988, a similar questionnaire was administered to each class of fourth-year medical students. This report summarizes the students' attitudes- reported anonymously in both surveys- regarding circumstances under which they would perform or refer for an abortion. Attitudes towards abortion changed little in four years. Comfort levels with patient referral were greatest when the life of the mother was threatened and in the case of rape. Students' attitudes correlated most strongly with personal beliefs about when a fetus was considered a human life and less so with students' genders. The first-year survey results were shared with the students in the course's annual sessions on abortion in order to aid them in understanding the assumptions underlying ethical dilemmas surrounding abortion and to make visible the class's moral pluralism on the subject. The survey also helped them determine their tolerance, if any, for patients' views or actions that conflicted with their personal moral stances."

Andre, Judith. "Learning to See: Moral Growth During Medical Training." Journal of Medical Ethics Sep 1992; 18 (3): 148-52.

"During medical training students and residents reconstruct their view of the world. Patients become bodies; both the faults and virtues of the medical profession become exaggerated. This reconstruction has moral relevance: it is in part a moral blindness. The pain of medical training, together with its narrowness, contributes substantially to these faulty reconstructions. Possible improvements include teaching more social science, selecting chief residents and faculty for their attitudes, helping students acquire communication skills, and helping them deal with their own pain. More importantly, clearer moral vision requires time and scope for reflection."

Christakis, Dimitri A. and Chris Feudtner. "Ethics in a Short White Coat: The Ethical Dilemmas That Medical Students Confront." Academic Medicine Apr 1993; 68 (4): 249-54.

"Many existing ethics curricula fail to address the subtle yet critical ethical issues that medical students confront daily. The authors report on the kinds of dilemmas students face as clinical clerks, using cases that students submitted in 1991-92 during an innovative and well-received ethics class given at a tertiary care hospital as part of the internal medicine clerkship. Analysis of these cases reveals that many dilemmas are intimately tied to the student's unique role on the medical health care team. Recurring themes included the student's pursuit of experience, differing degrees of knowledge and ignorance among team members, and dealing with disagreement within the hierarchical authority structure of the medical team. The authors conclude that some components of ethical education must be participant-driven and developmentally stage-specific, focusing more attention on the kinds of ethical decisions made by medical students as opposed to those made by residents or practicing physicians."

Self, D.J., D. E. Schrader, D. C. Baldwin Jr., and F. D. Wolinsky. "The Moral Development of Medical Students: a Pilot Study of the Possible Influence of Medical Education." Medical Education 1993; 27 ( ): 26-34.

"Medicine endorses a code of ethics and encourages a high moral character among doctors. This study examines the influence of medical education on the moral reasoning and development of medical students. Kohlberg's Moral Judgment Interview was given to a sample of 20 medical students (41.7% of students in that class). The students were tested at the beginning and at the end of their medical course to determine whether their moral reasoning scores had increased to the same extent as other people who extend their formal education. It was found that normally expected increases in moral reasoning scores did not occur over the 4 years of medical education for these students, suggesting that their education experience somehow inhibited their moral reasoning ability rather than facilitating it. With a range of moral reasoning scores between 315 and 482, the finding of a mean increase from first year to fourth year of 18.5 points was not statistically significant at the $P < 0.05$ level. Statistical analysis revealed no significant correlations at the $P < 0.05$ level between the moral reasoning scores and age, gender, Medical College Admission Test scores, or grade point average scores. Along with a brief description of Kohlberg's cognitive moral development theory, some interpretations and explanations are given for the findings of the study."

Komaromy, Miriam. et al. "Sexual Harassment in Medical Training." The New England Journal of Medicine 4 Feb, 1993; 328 (5): 322-26.

Although sexual harassment has been increasingly recognized in the medical field, "there is little information on the prevalence of this problem and whether it is adequately addressed by training institutions." The authors undertook to examine this problem by surveying internal medicine residents in a university training program. 73% of the female respondents and 22% of the male respondents reported "at least one during their training. The women were more likely than the men to have been physically harassed, and the women's harassers were of higher professional status." The authors conclude, "Many medical trainees encounter what they believe to be sexual harassment during medical school or residency, and this often creates a hostile learning and work environment. Training institutions need to address the adverse effects this may have on medical education and patient care."

Crandall, Sonia J. S., Robert J. Volk and Vicki Loemker. "Medical Students' Attitudes Toward Providing Care for the Underserved: Are We Training Socially Responsible Physicians?" JAMA 19 May, 1993; 269 (19): 2519-23.

In this study, the authors sought to "investigate the association between attitudes toward caring for the medically indigent and years of medical training." They compared the attitudes between first year medical students (MS-Is) and fourth year medical students (MS-IVs) through questionnaires at Southwest Medical School. They conclude, "The MS-IVs are less favorably inclined toward caring for the medically indigent

than MS-Is, though these differences are apparent only for males. Further research is needed to explore why females appear to be more resistant to attitude changes, and what educational interventions are necessary to better train physicians to respond to national health care issues."

Dwyer, James. "Primum Non Tacere: An Ethics of Speaking Up." Hastings Center Report Jan-Feb 1994; 24 (1): 13-18.

One oft quoted maxim of medicine is "First do no harm". The author proposes another- the Socratic maxim: "Primum non tacere. First do not be silent" particularly to students. As an clinical clerk, a student may feel intimidated into not asking questions or pointing out things relevant to patient care. The author argues that this is not acceptable to either the student or the patient. The benefit to the patient of a student speaking up is obvious and the benefit of speaking up to the student is no less important. "It is the work of medical students to acquire the knowledge, skills, and habits that good physicians need. To acquire these skills and habits, and even this knowledge, it is not enough for students passively to observe medical practice and to note what they will do when they are full-fledged physicians....Habits of reflection, character, and intervention need to be developed and exercised if they are to be ready-at-hand in the future." The author cautions that medical students are not the only ones that need to speak up. "Speaking up is a problem for everyone in medicine, and those with more power and authority have a greater obligation to confront the problem." He concludes, "I guess I am really suggesting that the practice of medicine needs to become more Socratic. Perhaps medicine could not function if everyone acted like Socrates- perhaps there would be too much discussion and too little patient care. Yet I believe that medicine could function quite well if everyone were a little more Socratic, a little more willing to raise questions about what is right and good."

Feudtner, Chris, and Dimitri A. Christakis. "Making The Rounds: The Ethical Development of Medical Students in the Context of Clinical Rotations." Hastings Center Report Jan-Feb 1994; 24 (1): 6-12.

There are special ethical dilemmas that students confront when they enter the hospital as clinical clerks. The authors had a good look at what these dilemmas are and how they affect the personal ethics of students as they functioned as fourth-year preceptors of an ethics mini-course that all students took during their first clinical rotation in internal medicine. Pressed from above by superiors and an hierarchal social structure, and from inside from a desire to learn and from outside by the needs of patients, a student must balance his own place on the medical team with feelings of inadequacy and fear added to the personal beliefs and ideals brought to the hospital setting. This, the authors found out, is what shapes medical student ethics to be uniquely its own. With in-depth discussions of clinical vignettes, this article is a well written first-hand look into the world of the medical student. In conclusion the authors point out the lack of adequate ethics training and "the need to move beyond static conceptions of 'core values'...Essentially we are arguing that medical ethics education must consider the meandering and arduous journey that students make on their way to becoming ethical physicians- that the nature of this odyssey will shape the kind of doctors they will become. Too much discussion currently focuses on issues relevant to the destination; more is needed on the challenges posed by the trip itself. By attending to the experiences, high and low, that makes up the daily rounds of clinical clerks, and by caring as much about their ethical as their intellectual development, perhaps medical education could help students to complete the journey with their humanity and compassion intact."

Fuedtner, Chris, Dimitri A. Christakis, and Nicholas A. Christakis. "Do Clinical Clerks Suffer Ethical Erosion? Students' Perceptions of Their Ethical Environment and Personal Development." Academic Medicine Aug 1994; 69 (8): 670-79.

During clinical clerkships, students may be exposed to situations in which either they feel an obligation to participate in a believed unethical act or they observe an unethical act performed by superiors. The authors undertook to study how "clinical students perceive their ethical environment, their feelings about their dilemmas, and whether these dilemmas erode students' ethical principles" by mailing surveys to third and fourth year students in Pennsylvania. Over half of the students who responded (58%) reported

having done something they believed was unethical with 62% believing "that at least some of their ethical principles had been eroded or lost." Also, "students who witnessed an episode of unethical behavior were more likely to have acted improperly themselves for fear of poor evaluation." These students were twice as likely to report ethical erosion. The authors conclude, "The ethical dilemmas that medical students perceive as affecting them while serving as clinical clerks are apparently common and often detrimental, and warrant the attention of physicians, educators, and ethicists."

Council on Ethical and Judicial Affairs, American Medical Association. "Disputes Between Medical Supervisors and Trainees." JAMA 21 Dec, 1994; 272 (23): 1861-65.

The quality of medical education is largely dependent upon the relationships between medical students, residents and their supervisors. Thus, open and honest communication is necessary in fostering an environment conducive to learning. "Many of the sources of conflict between supervisors and medical students, resident physicians, and other staff can be avoided through open, ongoing communication....Addressing the concerns that cause disputes between trainees and supervisors, through adequate communication and the promotion of clear standards of ethical conduct, will avoid situations in which minor concerns develop into serious problems." This article, put out by the Council on Ethical and Judicial Affairs from the American Medical Association, discusses two issues- "handling disputes between medical supervisors and trainees through grievance and disciplinary committee proceedings," and "disputes that cannot wait for resolution through traditional committee procedures." It ends with guidelines for dealing with disputes.

Sanders, Michael. "The Forgotten Curriculum: An Argument for Medical Ethics Education." JAMA 6 Sep, 1995; 274 (9): 768-9.

The author, a student at the time of this writing, attending Mount Sinai School of Medicine, submitted this essay in response to the John Conley Foundation essay contest entitled "How can medical students best develop ethical thinking and behavior?" In this paper he calls for medical schools to take a rigorous approach towards teaching medical ethics and integrating it into the pre-clinical and clinical years. Specifically, he proposes two initiatives: (1) putting ethics on the Boards; (2) establish an ethics department at every medical school. "The first step would make medical schools want to teach ethics. The second would give them the necessary means to do so."

Iglesias, Teresa. "Hippocratic Medicine and the Teaching of Medical Ethics." Ethics and Medicine 1996; 12 (1): 4-9.

There are many diverse bodies of opinion regarding medical ethics. Some think of medical ethics as a "morally-neutral activity", in which medicine is regarded like science and where the ethics of individual practitioners count. However, the author argues that medicine is inherently ethical and "in this understanding of medicine medical ethics is regarded as a medically based ethic." Today's legal environment has created "two strands of medicine, a conscience governed medicine, and a law governed medicine, whereby the truly ethical self-governed medicine has disintegrated." In view of this, the author has proposed teaching medical ethics in the Hippocratic tradition. She focuses in particular on the third paragraph which, in her words, "reveals to us in a nutshell, the core of medicine, and so, the core of the Hippocratic ethics." After analyzing its core points, she concludes, "The Oath, by upholding and invoking justice, recognizes and upholds an unconditional respect for the sick and for the physicians' professional and moral integrity....Here, in my view, we could find the seed of that non-discriminatory and universal concern for the sick and injured that medicine upholds."

Green, Michael J., Gary Mitchell, Carol B. Stocking, Christine K. Cassel, and Mark Siegler. "Do Actions Reported by Physicians in Training Conflict With Consensus Guidelines on Ethics?" Archives of Internal Medicine 12 Feb, 1996; 156 (3): 298-304.

Various medical organizations have put out ethical guidelines, including the American College of Physicians (ACP) in its ACP Ethics Manuel, and the authors of this study attempted to determine whether its members were aware of the guidelines and if they followed them. Surveys were mailed to a random sample of 1000 associates of the ACP (mostly internal medicine residents) and 40% completed the questionnaire. Only 17% were aware of the guidelines on ethics and "on average, associates responded yes to 16% of questions where a yes response indicated they have acted outside guidelines on ethics one or more times." The authors conclude, "Few responding ACP associates indicated awareness of the ACP guidelines on ethics. Physicians in training nevertheless reported acting according to the presented guidelines most of the time...Physicians in training need to know more about ethical standards that apply to their own practice and should be aware when their actions deviated from ethical norms. Before acing outside guidelines on ethics, trainees should discuss their conflicts with others, such as attending physicians, clinical ethicists, or hospital ethics committees."

Swenson, Sara L. and Julie A. Rothstein. "Navigating the Wards: Teaching Medical Students to Use Their Moral Compass." Academic Medicine Jun 1996; 71 (6): 591-94.

"The upsurge in formal medical ethics training stems from the desire for more compassionate, less 'dehumanized' physicians who can competently face the ethical dilemmas posed by technologic advances and resource constraints. How best to encourage ethical thinking and behavior among medical students remains an open question. However, the authors argue that medical ethics education suffers from an overreliance on strategies that target ethical thinking, with relative inattention to students as ethical actors in specific clinical contexts. In order to produce ethically competent physicians, medical educators must not only teach students to understand and learn from the dilemmas that shape their moral world but also train them to respond to those dilemmas appropriately. The authors discuss current practices in ethics education and how traditional approaches may not equip students with the types of moral 'navigating skills' they need to become ethical physicians. They illustrate how medical students can and do learn norms of ethical behavior on the wards and argue why medical education ought to focus more explicitly this aspect of clinical training. They conclude by recommending ways medical educators can encourage ethical thinking and behavior throughout the entire course of medical training."

Testerman, John K., Kelly R. Morton, Lawrence K. Loo, Joanna S. Worthley and Henry H. Lamberton. "The Natural History of Cynicism in Physicians." Academic Medicine Oct Supplement 1996; 71 (10): S43-45.

The medical school experience often leads a student to develop an attitude more cynical than when one started. Termed "traumatic deidealization" this cynicism has been documented. However, "no previous studies reporting cynicism in medical students have employed an empirically validated instrument that measures cynicism specifically in the medical domain." The authors developed the Cynicism in Medicine Questionnaire and gave it to medical students, residents and faculty to fill out. Using the results, they compared two different previously proposed models on how cynicism develops in students. They found that medical students were the most cynical, with a decline through residency to the lowest levels found among faculty physicians. They conclude, "The data support our proposed 'professional identity' model, which attributes cynicism among medical students to their struggle to develop coping skills while trying to survive the complex challenges of the medical education environment. Medical students begin their training with altruistic motives and idealized concepts of health care. As inexperienced and powerless members of the health care team, however, students may develop cynicism as a means to manage their environment….As physicians-in-training develop greater confidence and skills and achieve greater status in the health care team, they become more adept at tolerating ambiguity, synthesizing information, and analyzing ethical situations. In achieving this balance, they become less cynical and more optimistic in their professional identities."

Erde, Edmund L. "The Inadequacy of Role Models for Educating Students in Ethics With Some Reflections on Virtue Theory." Theoretical Medicine Mar-Jun 1997; 18 (1-2): 31-45.

"Persons concerned with medical education sometimes argued that medical students need no formal education in ethics. They contended that if admissions were restricted to persons of good character and those students were exposed to good role models, the ethics of medicine would take care of itself. However, no one seems to give much philosophic attention to the ideas of model or role model. In this essay, I undertake such an analysis and add an analysis of role. I show the weakness in relying on role models exclusively and draw implications from these for appeals to virtue theory. Furthermore, I indicate some of the problems about how virtue theory is invoked as the ethical theory that would most closely be associated to the role model rhetoric and consider some of the problems with virtue theory. Although Socrates was interested in the character of the (young) persons with whom he spoke, Socratic education is much more than what role modeling and virtue theory endorse. It -that is, philosophy- is invaluable for ethics education."

Dawson, Drew, and Kathryn Reid. "Fatigue, Alcohol and Performance Impairment." Nature 17 Jul, 1997; 388 (6639): 235.

How much does lack of sleep really affect one's cognitive skills? In this study, the authors set out to compare the effects of lack of sleep against the effects of alcohol, a known and measurable quantity. They found that after 17 hours of sustained wakefulness "cognitive psychomotor performance decreased to a level equivalent to the performance impairment observed at a blood alcohol concentration of 0.05%" and after 24 hours of sustained wakefulness "cognitive psychomotor performance decreased to a level equivalent to the performance deficit observed at a blood alcohol concentration of roughly 0.10%." The authors conclude, "Our results underscore the fact that relatively moderate levels of fatigue impair performance to an extent equivalent to or greater than is currently acceptable for alcohol intoxication."

Orr, Robert D., Norman Pang, Edmund D. Pellegrino, and Mark Siegler. "Use of the Hippocratic Oath: A Review of Twentieth Century Practice and a Content Analysis of Oaths Administered in Medical Schools in the US and Canada in 1993." The Journal of Clinical Ethics Winter 1997; 8 (4): 377-88.

Although the origins of the Hippocratic Oath is disputed, few would contradict the fact that it has been a major force in shaping the ethical nature of medicine. With the rise of ethics as a discipline, debate now centers on "whether the Hippocratic Oath or newer alternatives oaths are preferable statements of the ethical basis of modern medicine." Research by these authors show that while the tradition of administering an oath to graduating medical students "has steadily increased during this century", the content of the various oaths administered differ both from one to another and from then to now. In order to study how the contents of oaths administered differ, the authors mailed surveys to all the schools in the U.S. and Canada in 1993. Out of the 150 schools that responded, only one still used the classical version of the Hippocratic Oath, while 68 other schools (46%) used some other form of it. Excepting for three schools (2%) that didn't administer oaths, the rest of the schools used an alternative oath. In analyzing the content of the different oaths, the authors found that "When compared to the contents of the classical Hippocratic Oath, currently used oaths are less likely to agree to be accountable, invoke a deity, or foreswear euthanasia, abortion, or sexual contact with patients." They concluded, "We document with some concern this dilution of the core values of Hippocratic medicine."

Coles, Robert. "The Moral Education of Medical Students." Academic Medicine Jan 1998; 73 (1): 55-58.

"The author begins his essay by discussing George Elliot's novel Middlemarch, in which a doctor, early in his career, wanders from his idealistic commitment to serving the poor. Although he establishes a prominent practice, he considers himself a failure because 'he had not done what he once meant to do.' The essay explores how many of us (physicians included) forsake certain ideals of principles- not in one

grand gesture, but in moment-to-moment decisions, in day-to-day rationalizations and self-deceptions, until we find ourselves caught in lives whose implications we have long ago stopped examining, never mind judging. Medical education barrages students with information, fosters sometimes ruthless competition, and perpetuates rote memorization and an obsession with test scores- all of which stifle moral reflection. Apart from radically rethinking medical education (doing away with the MCAT, for example, as Lewis Thomas proposed), how can we teach students to consider what it means to be a good doctor? Calling upon the work of Eliot, Walker Percy, and others, the author discusses how the study of literature can broaden and deepen the inner lives of medical students and encourage moral reflectiveness."

Daugherty, Steven R., C. Baldwin DeWitt, and Beverley D. Rowley. "Learning, Satisfaction, and Mistreatment During Medical Internship: A National Survey of Working Conditions." JAMA 15 Apr, 1998; 279 (15): 1194-99.

Many studies have been done regarding the first year of residency or internship in terms of income and long hours, but these have "shed little light on how residents view their training experience." The authors undertook to randomly survey 10% of all second-year residents listed in the American Medical Association's medical research and information database on six criteria in order to learn more about the internship experience. They conclude, "Residents report significant problems during their internship experience. Satisfaction with internship is enhanced by positive learning experiences and lack of mistreatment."

Marracino, Richelle K. and Robert D. Orr. "Entitling the Student Doctor: Defining the Student's Role in Patient Care." Journal of General Internal Medicine April 1998; 13 (4): 266-70.

As medical students approach their clinical years, there is often a temptation to misrepresent oneself as "Doctor". A serious ethical dilemma for students, this article analyzes the assumptions that could lead a student to rationalize deception, identifies the underlying problem and then proposes appropriate solutions. The authors conclude, "The goals of adequately informing the patient and receiving adequate medical training are not mutually exclusive; quite the contrary, adequately informing and communicating honestly with the patient provide the integral foundation on which clinical training, patient interaction, and ethical awareness are built."

Bibliography

Asch, David A., Ruth M. Parker, Timothy B. McCall, Norman G. Levinsky, and Robert M. Glickman. "The Libby Zion Case." The New England Journal of Medicine 24 Mar, 1988; 318 (12): 771-82.

The Libby Zion case unleashed a storm of fury and fault-finding, two of the targets being residents' work hours and adequate supervision of house officers. In its Sounding Board section, the NEJM published four articles from five doctors analyzing and proposing solutions to the problems that conceivably led to this tragedy.

Crevier, Bill. "Medical Education and Medically Neglected". CMDS Journal Winter 1990; XXI (4):19-21.

In this article the author points out the shortage of physicians in rural and inner city areas and blames medical education and residency training for discouraging "physicians from becoming seriously involved with health care for the poor." He concludes by outlining remedies for overcoming the common obstacles posed to students, residents and doctors who want to practice in an underserved area.

Biebel, David B. "Good Mentors Make Good Doctors" Today's Christian Doctor Spring 2000; XXXI (1):12-16.

Using Loma Linda University's mentoring program as an example, David Beibel describes the need for Christian physician mentors. He goes on to outline the underlying principles of an explicitly Christian mentoring program, stressing one not need be part of an established program to make a difference in a medical student's life.