

Two Ways to Teach Premedical Students the Ethical Value of Discussion and Information Gathering

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*****Note: Figures may be missing from this format of the document**

There are many things that medical and premedical students can and should get out of a course on medical ethics. Many topics relevant to the practice of medicine require genuine philosophical contemplation. For instance: What is voluntary informed consent? How should “death” be defined and what difference does this make in specific situations? And perhaps even, What is a person? Questions such as these are appropriate for medical ethics courses because of the bearing they have on ethical decisions made by physicians and others in the health care field. That is, encouraging reflection on these and other such questions is a means by which most of us who teach medical ethics hope to enable our students to become better—more ethically aware—health care workers.

But being an ethically sensitive health care worker is not merely a matter of having contemplated a series of philosophically interesting questions. And so our goal as teachers of medical ethics courses is not merely to encourage our students to consider these questions. Two of my main goals in teaching medical ethics are (1) to make sure that these future physicians and nurses have a healthy respect for the rights of their patients, and (2) to instill in them an appreciation of the moral importance of gaining as much information as possible before making decisions that significantly affect the lives of these patients. Medical ethics textbooks are full of articles emphasizing the significance of the first goal listed here, and I’m certain it is shared by virtually everyone who teaches courses in medical ethics. The second goal, although presumably noncontroversial in general outline, is mentioned much less often. The purpose of this paper is to discuss two of the methods I use to achieve that second goal; an in-class exercise and a procedure for giving exams. I’ll take them in this order.

The In-Class Exercise

Sometime during the first or second week of my medical ethics course I present the following in-class exercise. Students in one half of the room are given a written description of Case A, while the students in the other half of the room are given a description, also in writing, of Case B. The students are then instructed to take a few minutes to talk with one or two neighbors and to decide what they think the physician in the case described to them should do.

Case A

A physician has come to you to talk about a patient. Here is the information he gives you: The patient is a woman in her early fifties, and she appears to have some kind of blood poisoning, but he won’t

know for sure until he tests her blood. Because of whatever is wrong with her, the woman appears to be lucid about half of the time, but she consistently refuses to have the blood test, whether she is lucid or not. The physician cannot treat her without the test, and it looks likely that she will die if she is not treated. Should he do the blood test?

Case B

A physician has come to you to talk about a patient. The patient is a woman in her early fifties, the head librarian at a university library. She appears to have some kind of blood poisoning, but he won't know for sure until he tests her blood. Because of whatever is wrong with her, the woman appears to be lucid about half of the time, but she consistently refuses to have the blood test, whether she is lucid or not. The physician has been in contact with this woman's family. He has learned from them that she is a devout Christian Scientist, and that her religion forbids such tests and would also forbid the likely treatment. The family has also told him that the patient has consistently refused medical treatments in the past because of her faith. The physician cannot treat her without the test, and it looks likely that she will die if she is not treated. Should he do the blood test?

As you can see, both descriptions might have been given of one and the same case—in fact, they were.¹ The only difference between these descriptions is that details provided in Case B are omitted from Case A. The students, of course, are not given this information until the end of the exercise. While they are talking about their assigned case with their neighbors, they believe that students in the other half of the room are discussing an entirely distinct case.

After all of the groups have made their decisions and jotted them down, I ask the students on each side of the room whether or not the physician in their scenario should give his patient a blood test. Each time I make use of this exercise the majority of students who discuss Case A say that he should give her the blood test, although there is usually a small minority who say that he should not. In contrast, often all—and always at least an overwhelming majority—of the students who discuss Case B say that the physician should not take a blood test from this patient. I also ask the students whether it was easy or difficult to come to a decision about the case they discussed, and how comfortable they are with their final decisions. Most or all of those who discuss Case A say that it was difficult to come to a decision and thus not surprisingly they also express some discomfort. In contrast, most or all of those who discuss case B say they found it easy to make a decision and that they feel confident that the decision they made was the right one.

Once I have received these responses from the students I then explain the relationship between the “two” cases. That is, I tell them that there is really only one scenario, and that the only difference between the cases is that Case B provides more information about that scenario than does Case A.

As I see it, there are two things to be learned from this exercise:

(1) A lack of information—even information that is not strictly “medical”—can lead a physician to make the wrong decision. My reason for saying that the wrong decision was made by the majority who discussed Case A is not merely that *I* believe the physician should not take a blood test in this type of situation. Rather, it is that responses to Case B show that it is reasonable to believe that most of the students who discussed Case A would have made a different decision if they had had further information. That is, we have good reason for thinking

that any given student who had decided that the physician in Case A should do the blood test, when better informed would judge her original decision to have been mistaken. And, in fact, most of them do.

(2) In general, having more information makes it easier to make a decision, and ensures that you will be more comfortable with the decision you make. Of course, there will be times when additional information makes a decision more complicated. But if we accept that we are already dealing with real-life situations and not mere caricatures, more often than not additional information will help to narrow down the options and/or give additional support to a particular decision, thereby making the decision easier. Again, the fact that almost all of those who discussed Case B found it easy to make their decision provides good evidence that those who found it difficult to make a decision about Case A would have found it easier if they had had more information.

Thus, both for the sake of others, as well as for the sake of one's own peace of mind, it pays to get as much information as possible before making these kinds of decisions.

The Exam

One of the most common types of question asked on a medical ethics exam is one in which a scenario is described and the student is asked to explain what she, as a physician, would do in such a case and why. The idea seems to be that we are attempting to simulate situations with which these future health care workers will be faced, so that we can evaluate their responses. But would we really want them to be making these kinds of decisions sitting alone behind a desk? I wouldn't, and I doubt many would. What we really want is that they make an active effort to gather as much information as possible and that they consult with others until they feel confident that they have come to a decision that is sound and well reasoned from an ethical perspective, as well as from a technical medical perspective.

Nowadays most hospitals in the U.S. provide health care workers with just such a group to talk with about difficult cases. These are their ethics committees. The main reason that talking with an ethics committee can be helpful is not that the committee is comprised of "ethical experts"—which it is not—but simply because it is helpful to talk out a difficult case with others who are interested and knowledgeable, but who are not personally involved in the specific case. If we want health care workers in real life to consult with others about real-life "exam" questions, shouldn't we encourage students who are being asked to resolve similar questions to do so with the help of others? This is the central idea behind my exam procedure.

Here's what I do:

(1) I *allow* students to take exams in groups of up to four. Premed students do not generally react well to being assigned to groups, or even to merely being required to work in groups that they may choose on their own. By allowing them to work in groups you get almost the same result without the resentment. In my experience, in a class of approximately eighty students, one or two will choose to work on their own, a few will work in pairs, and the majority will break up into groups of three or four.

(2) I inform the class beforehand that they will be permitted to work in groups. Perhaps it would be better if students did not know they would have this option. Perhaps that would encourage them to study harder. However, once the course has been given a few times, most new students will already know the exam format before they sign up. Thus, failing to announce it might put transfer students and those who are less well-connected at a disadvantage. In fact, however, I expect that in at least some cases the fact that one's ignorance

will be evident not only to the professor grading the exam but also to one's cohort can provide incentive to know the material. Moreover, very few premed students are willing to risk the lower grade they might receive if they are forced to rely on what others in the group know. Thus, in reality there is very little danger that this method will encourage students in a medical ethics course to try getting by without studying the material.

(3) At the same time that I announce to the students that they will be permitted to work in groups, I also explain why it is to their advantage to do so. (This may be part of the explanation as to why so few of them choose to work alone.) The main advantage I mention is that the more ideas one has to choose from the more likely one is to find a better answer; and each student will obviously have more ideas to choose from if he is working in a group. Although I am careful to admit that it is not *always* true that the best answer will be accepted at the end of a discussion, I stress the fact that in the overwhelming number of cases it will. It has very rarely happened—less than once a term—that a student has complained to me that the answer she would have given if she had been writing on her own would have given her more points than the group's answer. So good students should not worry that their own grade will be brought down. Moreover, even good students rarely know all the answers. Working with others increases the likelihood that if one student does not know the answer, another will. Group discussion also decreases the number of “silly” mistakes—mistakes that are the result of misreading the question or of writing something other than what one meant to write—because any such mistake made by one student is likely to be caught by another member of the group.

(4) I allow students to ask questions during the exam. If a group has a question, they either send a representative down to ask me or, more often, they signal to me that they have a question and I come to them. I find that the second option works better. If there are many questions, those waiting to talk with me cannot contribute to their group's discussion in the meantime. Also, some questions are complex and it can be useful for other members of the group to be able to follow up with a further question.

Most of the questions asked center on the scenarios about which the students are supposed to make a decision. Although I do my best to make the descriptions of these scenarios detailed and clear, it is often true that there is further information that a physician or other health care worker might want before making a decision on such a case. When the questions asked are for more information about the history of the fictional patient, I make something up. (Is there reason to believe that the patient is being pressured by her family? Is this eighty-year-old patient one for whom the ability to engage in sexual intercourse is still important? etc.) When students want more factual information about a certain procedure or some other relevant medical fact, I give them the information if I know it, or I make it up.² (How long is a patient likely to be incapacitated by this procedure? How expensive are the different treatment options?) What is important is that they have noticed that information of a certain sort would help them to make a better decision, and that I can give them something that serves their purpose. If, as happens once in a while, the information they request is of a type that would not be available to someone making such a decision, I do not give them an answer. The point is to mimic the real-life situation, to the extent that this is practical.

In this course, as in all others I teach, I also encourage students to ask for clarification if they are confused about what is being asked in any exam question. Although it is my intention to make as clear as possible what it is that I am asking, from time to time I do not succeed as well as I would like. At other times a student's confusion is due to his own lack of understanding—either of a word, or of the significance of a certain phrasing, etc. It seems to me that one of the main things philosophy teaches us is to recognize and address the fact that we are less than fully clear about a particular statement or question; either because it is ambiguous or otherwise unclear or because of some ignorance of our own. If we cannot expect students to apply this sort of thing to

their philosophy exams, where can we expect them to apply it? Therefore, I tell students that it is their responsibility to notice if a question is less straightforward than it should be, and that I will not afterwards accept as an excuse for a wrong answer that the question was unclear or that they misunderstood it.

The response I've received to this method of giving exams has been very positive. Instead of the oppressive atmosphere of a bunch of students silently scribbling down what they remember of what I've already said, I have clusters of students arguing for their own ideas and teaching one another. The room buzzes with discussion and I am busy running from group to group as they think of information that will help them make better decisions, or as they realize that two of them have interpreted a question differently, so maybe it wasn't as straightforward as it seemed.

As with any exam, the fact that they are about to be tested provides students with a motivation for arriving with as full a grasp of the course material as possible. It may be that in some courses too many students would anticipate being able to make use of their friends' knowledge, but this is much less likely to happen in a premed course. As noted above, premed students jealously guard their GPAs and are not likely to risk having to settle for someone else's faulty knowledge. After one exam, the members of a group told me that they had divided the studying up so that each would be responsible for a certain section of the material. What they learned from this, they told me, was that they would have been better served if each one had studied all of the material. They could see for themselves that if each had been more familiar with all the material they would have had better discussions, and would have been able to give better final answers. But if they learned this on the first exam and were able to apply it to the next two, I am perfectly happy. And it gives me another story to tell when explaining to future classes how best to take advantage of working in a group.

In sum, I think that the overwhelming number of students come to my exams knowing as much as they would know were they arriving to take a traditional exam—but they leave having learned more. Certainly, there are times when a student ends up getting credit for knowing something that not he, but someone else in his group, knew before the exam began. But more than likely this is something he knows when he leaves. It is also almost certainly true that for most, if not all, of the students the essay answers they submit are better than those they would have submitted on their own. But this is not because the best essay writer in the group sits down with the assignment and writes the essay for the rest. It is because the essay they write as a group is better than the essay any one of them would have written on her own, and an essay written with more information is better than an essay that makes do with whatever information happens to have been provided. Insofar as the essay's being better is a reflection of the fact that the problem has been better dealt with, I think that each has learned more about dealing with this and similar problems than he would have on his own, or had they not been allowed to request additional information. Between my lectures about the importance of gathering information and consulting with others, as well as their own experiences during these exams, I hope and believe that my students learn that in difficult cases they make better ethical decisions when they gather as much information as possible and make their decisions with input from others.

Before closing let me address one possible worry. Not only students, but we faculty as well, might feel uncomfortable with assigning final grades for a course on the basis of group exams alone. But using group exams need not mean relying on them in this way, and the problem is easily solved by assigning other course work for which each student is graded individually. I assign a few very short essays, but one could even test some of the course material by means of exams that are graded individually. There is obviously a great deal of room for flexibility here, and individually graded tests or assignments can easily be weighted to ensure that each

student's final grade reflects his or her own effort and ability just as well as it is reflected in

a course that does not make use of group exams. Thus it seems to me that in a medical ethics course nothing is lost and much is gained by making use of this method of giving exams.

Notes

¹These cases were described to me by a member of an ethics committee to which they were brought. Each "case" was brought before the committee by a different person working with this patient, and neither was aware that the other had come to the committee for advice.

²Of course, I make it clear when I am making up answers to these questions.