

Continuing and Postgraduate Education in Bioethics for Medical Practitioners

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Over the past years, the Bioethics Research Centre has been frequently approached by practising doctors about possible continuing education in bioethics. At present there is no such education programme offered anywhere in New Zealand, even though many immigrant and older doctors did not receive any formal training in ethics during their medical education. In September 1994 we began to plan curriculum for such a programme, funded by a grant from the New Zealand Medical Education Trust. The project will enable health professionals to extend their knowledge and skills in an expanding and critical area of medical practice. The planned courses will cover research and clinical ethics, as well as addressing contemporary issues such as New Birth Technologies, Gene Therapy and other issues arising from the Human Genome Project. We have now reached a stage at which concrete events can be planned and implemented. This report describes our efforts so far and our immediate goals for the programme.

Continuing medical education (CME) events are intended for practitioners in the field who want to update their expertise and knowledge. They are traditionally organised by the Royal Medical Colleges for their fellows. The Royal New Zealand College of General Practitioners and the Royal Australian College of Physicians use a point system for CME which enables fellows to collect credits toward their periodic reaccreditation. Other colleges organise their CME in a less formal way. Postgraduate medical education (PME), in contrast, is defined as education in the context of a recognised postgraduate degree, such as that of a medical specialist or a Master's degree or PhD in a medical field.

Our strategy for this project can be summarised as follows:

- a) Survey the CME/PME activities and programmes of bioethics centres worldwide.

This included a survey of available programmes and inquiries by mail and email, to obtain information about bioethics curricula and their implementation elsewhere.

- b) Design a curriculum of medical ethics which has particular relevance to CME/PME

The first stage in the design of any curriculum is the design of instructional objectives. All parties who have a stake in the finished product need to contribute their ideas at this stage. We consulted practitioners, university staff, patient advocates, and the literature for input.

- c) Of a multitude of educational formats, select the most feasible and most promising ones and initiate steps for their implementation.

This involved contacting interested parties at eleven Royal Colleges for their interests and suggestions regarding topics, anticipated demand for CME events, and venues of implementation. For PME, we contacted several departments at Otago and Christchurch that offer postgraduate degree programmes to medical practitioners.

Results

We contacted 93 bioethics centres worldwide about which we had an indication that they were involved in CME/PME. To date, 37 have responded. The geographic origins of the responses were Australia and New Zealand (6), Europe (6), the Middle East (1), South Africa (1) and the U.S. (23). Most of the respondents provided some information on formats and on instructional objectives that we took into account for our planning. The teaching formats for CME included workshops, courses, seminars, conferences. Two centres, one in Germany and one in Pennsylvania, are offering "teacher training courses" in bioethics, with the goal of creating key resource persons who could

catalyse the development of ethics education and ethics committees in other localities. The teaching formats for PME included individual papers and entire degree programmes. Bioethics programmes for undergraduate education were not included in this survey. There was considerable fluctuation in the amount of detail in the information given; it ranged from enrolment information with a list of topic headings to entire booklets with detailed behavioural objectives.

Using the information collected in the mail survey, published course descriptions, as well as material from our own courses and programmes, we compiled instructional objectives into a collection organised by topic areas. Since we envisioned this collection to serve as a helpful resource in the Centre's teaching programmes in general, we included objectives from undergraduate bioethics education at several medical schools. The development of this collection is still ongoing. A group of 25 general practitioners in the Otago/Southland region was consulted by mail questionnaire as to their interests and expectations from a CME course in ethics. We gravitated toward general practice as an initial target area because we had perceived considerable demand from GP's and an interest from the Department of General Practice at Otago to co-organise ethics education. The patient advocates group at Dunedin Hospital provided valuable input on desirable instructional objectives from the patients' perspective.

As for the teaching format, we began this project with as few preconceptions as possible. We pursued the following options, not mutually exclusive:

- a) To reach medical practitioners, CME events seemed one obvious venue. Since practitioners are notoriously short of time, we considered distance education and weekend seminars as promising formats.

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- b) Taking into account the existing postgraduate medical programmes at Otago and our connections with other medical schools, we explored our possible involvement in PME, in the form of bioethics course modules or entire papers. We may be offering a paper in medical ethics in 1996 as part of the course requirements for the Master of General Practice course programme at the Department of General Practice, University of Otago.
- c) Postgraduate programmes in health care-related fields which are open to medical practitioners and other graduates qualify as an additional venue. Staff from the Centre will be distance teaching a module on research ethics in 1995 in the new paper, *Research Methods in Health Sciences* (HASC 403). Additional involvements are under consideration.
- d) In the past, medical practitioners have enrolled in the various postgraduate programmes offered by the Centre. We are working to render these courses more accessible to medical professionals by including distance teaching. This year, our course BITC 401 *Theories in Biomedical Ethics* will for the first time be offered jointly in Dunedin and Christchurch.

We are continuing to expand our efforts in all of these four areas. Naturally, it hasn't all been smooth sailing. The general absence of precedent for this kind of programme has complicated the questions of funding, organisation, and intellectual ownership. Yet we feel encouraged by many positive responses and constructive suggestions from professionals in medical practice and in academic circles.

Ultimately, this project is envisioned to provide the resources and expertise for the ethics education of medical professionals of various specialisations throughout New Zealand and beyond. In view of the fact that bioethics education is growing worldwide at an astounding rate we are confident that our programme will enable New Zealand practitioners to keep abreast with the global development of this discipline. Readers interested in CME for GP's are invited to write to Alex Lautensach at the Bioethics Research Centre, PO Box 913, Dunedin, New Zealand. ■

The October 1994 International Association of Bioethics Congress was the second world congress of the IAB (the first was in Amsterdam in 1992). I attended in my capacity as a member of the Board of Directors and



I also gave two papers reporting Bioethics developments in New Zealand. The Congress was held in Buenos Aires, Argentina, and was attended by about five hundred people drawn from a very wide range of nationalities and interest groups in Bioethics. One of the purposes of the congress was to give support and encouragement to the development of Bioethics in South America. As is usual with these Congresses the program was packed with papers of all kinds, across the whole range of topics in bioethics. A number of papers touched on the issue of justice in healthcare, but this was not perhaps explored in as much detail as one might expect in a country where there is major problem in the vast gap between the rich and the poor. The independence of Latin America from North America and the discovery or rediscovery of its European roots appears to be another important issue.

Another feature of this second congress was that a number of world organisations are becoming interested in the International Association of Bioethics, particularly UNESCO, WHO and various bodies associated with the European Community. The diversity of country reports and regional reports was an indication of how much bioethics has become an international subject. There is growing interest in bioethics in Asia and to a lesser extent in Africa.

The congress was very well organised and the hospitality was magnificent. Like most conferences or congresses a lot of the business and development of ideas took place outside the formal sessions. (Argentina has an interesting nightlife that seems to begin at about ten or eleven at night following a late dinner!) The international bioethics community is very friendly and there are good personal relationships that will certainly aid communications in the future.

Lying ahead for the IAB is a question of the future membership of the Board of Directors (to be reelected in early 1995). The constitution requires that there is only a single term of office for the President of the association (although board members can serve for two terms). So one of the first tasks of the new board will be to elect a president to succeed Peter Singer.

If the IAB is to have a future it will be very important for the membership to increase, as it depends largely at the moment on institutional members. A number of people take part in conferences and networks involved with the association but do not actually join. There will be a major membership drive in 1995 to try to increase the funds from membership fees. The address of the Association is:

International Association of Bioethics,
Centre for Human Bioethics,
Monash University,
Clayton, Victoria 3168
Australia

All readers of the Report are encouraged to write to get a pamphlet describing this key Association in Bioethics. ■

Readers are invited to suggest topics that they would like to read about in the Otago Bioethics Report.

Please send suggestions to
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