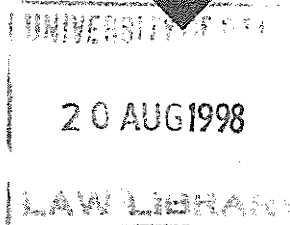
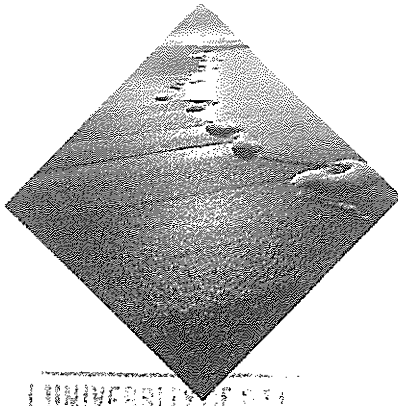




Editorial

New Centre Teaching Initiatives *an interview with* Professor Donald Evans



Bioethics Report

What new developments in medical ethics teaching have there been over the last few months?

Donald Evans

I have been asked to serve on the Ethics Teaching Council of the World Association of Medical Law. It is an interesting invitation because of the almost unique setting of teaching of medical ethics in the clinical curriculum that occurs at Otago.

The Association has decided to set up a teaching medical ethics council to glean experience and wisdom from various parts of the world because they think that the teaching of ethics is far from adequate in much medical education. The root and branch reformulation of the curriculum here offers a very interesting model. Something like it has been attempted in other places, although not in a large number of places.

They are setting up a steering committee and Council of Medical Ethics Teachers to produce a curriculum which should be complete by their annual international conference in August of the year 2000. This will be made available to medical schools on a world-wide basis. The planning will begin at the first council meeting in the Twelfth World Congress in Medical Law in Hungary in August of this year and will proceed for two years. People with wide experience internationally will be getting their heads to-

gether to produce the series of documents. They are hoping that the International Centre for Health Law and Ethics in the University of Haifa will provide publication of the documents as handbooks for courses of instruction in before the New Year 2001. They will arrange for their circulation among the world's medical schools for use according to the requirements of those schools.

This is a service which the association intends to offer to medical schools generally and it seems a very exciting project. Because of the root and branch revision of the medical curriculum in the University of Otago Faculty of Medicine and because of the integration of bioethics in the medical curriculum the Association considers Otago to be a valuable source of information.

OBR

How will the project accommodate the differences that exist in health care between different countries?

DE

I can't give a definitive answer to that question because the Council has not met. However, I am quite sure that the membership will be made up of people who are drawn from various cultures because their need for this curriculum has come to the notice of this Association. Those members who have worked with the World Health Organisation on research and health care provision will have grappled with

IN THIS ISSUE

Using the Newly Dead for
Practising Resuscitation
page 3

The Privacy of Genetic
Information
page 7

Readers' Views
page 10



the problems of cultural sensitivity.

OBR

What plans are there for the development of the existing ethics teaching in the Otago Faculty?

DE

The development of the Med 4 and 5 curriculum is important. We've redesigned the preclinical years, but now the systematic inclusion of ethics in the clinical years is what we are beginning to work on. This means spreading our wings and our interests to the other clinical campuses. There are two things that we are aiming for: horizontal integration, which we have aimed for in Med 2 and 3, where we are trying to show the interconnectedness of not only the scientific and clinical disciplines but also of ethics and behavioural science. These are interwoven in cases that are discussed in Med 2 and 3. We want to try and continue that in the clinical years 4 and 5. That can be done on the three separate campuses, but we are also keen to have vertical integration, that is, a relationship between years two, three, four and five. In order to do that it is important that we get involved in the teaching of ethics in the northern campuses. There are a number of advantages in that. One would be that the part-time teaching already available there would be enriched by the extra collegial relationship with the Bioethics Centre. We will also be able to provide a frequent and substantive presence on these campuses so there will be added advantages as extra staff will be available for postgraduate supervision. This will mean that our services will be available to a wider group of students and we will be able to offer the undergraduate and postgraduate courses that we teach. Many of the postgraduate courses will be incorporated into postgraduate degree courses taught on those campuses where there is no pre-existing Ethics input. So all of these are quite exciting developments which will enable us to provide more thorough ethics consultation in the teaching hospitals at Wellington and Christchurch.

OBR

Will the possibility of future involvement with the Wellington and Christchurch University of Otago campuses provide opportunities for input into Masters programmes for

Health Science students?

DE

Yes, for example in both Wellington and Christchurch we have had approaches from postgraduate groups in nurse education who are interested in using our 300 and 400-level course as part of the taught element in their degree scheme and there are other possibilities. It is still early days.

People away from New Zealand may not be familiar with the scattered nature of the population here. It is such that there is a very large teaching hospital in Dunedin taking about 187 undergraduates per annum, all of whom do a foundation year in Health Sciences and then do two years preclinical education here at the Dunedin School of Medicine. Because we do not have a large enough population base in Dunedin (a city of about 120 000 people), we have to divide the clinical students between three campuses: Christchurch, Wellington and Dunedin. We have in each of the clinical years about sixty students on each of the three campuses, all of which are part of the Otago Faculty of Medicine. At the moment the Ethics teaching is concentrated in the Dunedin campus. Our plans are to make staff more readily available in all of these campuses on a regular basis.

OBR

Are there any other new initiatives?

DE

We are currently working on a new course in Philosophy and Psychiatry which will be available in 1999 as a 400-level course (a graduate course). It will be available to students outside of the Medical School, as an option in the Department of Philosophy.

The Centre has been given responsibility for coordinating the development of a new Professional Development module for the Med 4 and 5 curriculum. We've played quite an important role in developing the Med 2 and 3 curriculum in two particular thread modules: 'Patient, Doctor and Society' and the 'Systems Integration', which run right through the two years. In both of these courses the ethical elements of clinical issues are prominent. Both of these course modules finish at the end of the preclinical years and they will be extended partly by the 'Professional Development' module,

which is a thread module for years 4 and 5. Students will be engaging in reflective practice while on their clinical runs and there will be more integrated teaching activities back at the clinical school for certain periods of the year in which important issues will be raised. These include questions about: the identity of the profession; the professional's responsibility to patients; professionals' responsibilities to themselves, other professionals and to their families; the practice of professionals in unsafe environments; the problems of negligent individuals; sexual relations with patients; and the legal constraints on professional practice. This is just at the beginning of the planning stage, but the Centre will be heavily involved in the coordination of that module.

The Bioethics Centre is used widely as a teaching resource for Ethics teaching in the University of Otago, especially in the division of Health Sciences. It now has a role to play in all of the professional and clinical departments. We are currently negotiating a teaching role in the Physiotherapy, Pharmacy and Dentistry programmes. In addition, the Centre has a teaching role outside the University in the training of Ethics Committee members under the guise of the Health Research Council of New Zealand.

Visitors

The Centre is regularly hosting visiting professors as short-term fellows from overseas. Over the last weeks we have been very happy to host Professor Arthur Frank from the University of Calgary, Alberta, who specialises in patient narrative. Professor Frank made the following presentations: 'Illness as experience: telling and hearing illness narratives' and, 'A bioethic of reconciliation'.

More-recently we have hosted Dewey Ducharme who directs a medical programme in the University of Akron. Professor Ducharme gave the following presentations: 'The heart and soul of human cloning' and, 'A conceptual model for determinations of futile treatment'.