

ROLE MODELS IN MEDICAL EDUCATION

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Teaching ethics is a difficult challenge for medical schools. When the urge to produce more doctors at lower costs, rushed curricula and a multicultural student body meet the need for personal reflection, small group learning and a wide variety of belief systems, it is not surprising that some loose ends remain. This becomes more and more evident as what needs to be taught becomes less and less clear: values, attitudes, communication skills, character?¹

In this essay, I argue that part of the solution is a refocus on the importance of role models to medical education and therefore on the role of medical school as a true apprenticeship period – not only of facts and techniques but also of life skills and values that make up what a *good doctor* should be².

Solving such a complex jigsaw as the role of ethics in medical education, implies finding the best methods to teach this type of *course*. Inherent to any curriculum is the need to formalize, rationalize, and assess it: lectures, problem-based learning and written assignments are probably complementary but certainly incomplete ways of medical ethics education³. It also includes the challenge of presenting conflicting ethical stances without falling in to an “everything goes” mindset – which is something that might be difficult to a teaching staff more used to relaying facts and figures and techniques. However, medical schools have to face the plurality of opinions straight on; thereby motivating medical students to make responsible ethical decisions, building on what they believe,

and not falling into the cynic’s fallacious assertion that “*My conviction is of very little use, if I can’t know anything as true*”⁴.

Furthermore, a focus on the bridge between studying the ethical principles and putting them into practice needs to be established early on. As Aristotle wrote in the *Nicomachean Ethics*: “*With regard to excellence, it is not enough to know, but we must try to have and use it*”⁵. With this in mind, most medical schools acknowledge the need for medical role models, but unfortunately this need is commonly overlooked in practice. Thus, this crucial teaching component is left to the roulette game of rotations, a process reliant on the mood and teaching skills of each individual consultant or junior doctor. A recent Swedish study has suggested that the attitude of medical students to the medical ethics programme is highly influenced by their experience with medical role models. Good experience was linked to an increased interest in ethics, and (sadly) vice-versa⁶.



Hippocrates Refusing the Gifts of Artaxerxes I

In this painting by Anne Louis Girodet de Roucy-Trioson (1792), Hippocrates does the “right thing” (once again) and refuses gifts to treat the Persian troops, enemies of the Greeks, showing himself a true patriot. While refusing treatment to dying patients due to their nationality is now considered unethical, this shows how much medical ethics is a product of its time. Though apocryphal, this legend also conveys how much Hippocrates’ personal integrity (as a Greek of his time) was linked to his prestige as the father of Medicine. In his legend, medical knowledge, medical ethics and personal integrity are intertwined to form western medicine’s prototypical role model.

While the results of this study were considered to be a surprise, this concept is not novel and this research has simply confirmed what we all acknowledge in our daily life: we get our values and attitudes to morality from the society around us and in particular to those closer to us. The idea that most people can relate some of their core beliefs and attitudes to a “relevant someone”, family, friends, etc⁷, is an insight recognized in the original Hippocratic Oath, (though phrased in a strange and impractical way to our modern ears) “*I swear...to consider dear to me, as my parents, him who taught me this art; to live in common with him and, if necessary, to share my goods with him*”. Hence, while this reverential attitude would now imply an undesirable closed-shop mentality for the medical profession, there is an aspect of passing on a way of life to the next generation which

I believe should not be lost. However, we can no longer assume that just because someone is a doctor, they will have what it takes to be inspirational and exemplary to their younger peers. So, what makes a physician a role model?

It seems straightforward that a talent for teaching, which comes with experience, and a certain social *savoir-être*, are some of the key factors involved in being a good role model. Less obvious are other “traits” such as stressing the importance of the doctor-patient relationship and highlighting psychosocial aspects of medicine in one’s teaching; a trait occasionally linked to an interest in the medical humanities⁶. Sir William Osler’s statement “*The wider and freer a man’s general education, the better practitioner he is likely to be*”⁹ has until now stood the test of association studies, but it is errone-

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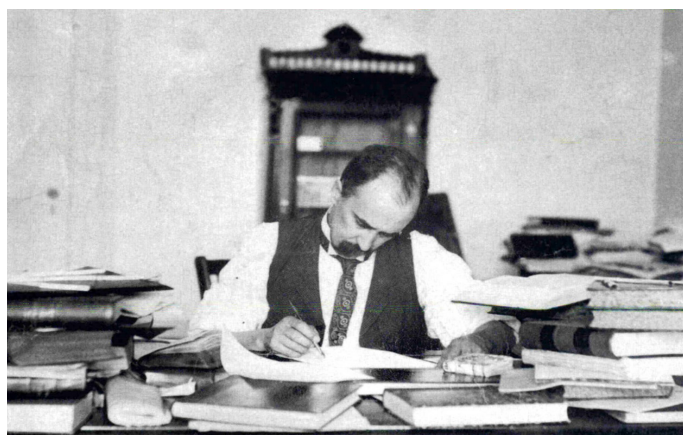
ous to assume this is a simple fancy for polite conversation rather than a need for students to develop crucial interpersonal skills and a practical mastery of key health psychology concepts¹⁰.

In a world of deontological demands that seem often daunting, abstract, and contrasting with fast-paced clinical practice and learning, medical ethics is often regarded as too aerial to be meaningful or practical. Following the example of experienced and able clinicians is often the answer to the question “*How should I do this?*”

and provides the encouragement and reassurance so often needed by medical students and junior doctors alike. Personally, I always felt that while ethics lectures provided the questions, it is in the ward rounds that you find the practical answers to how to respect such keys ethical principles as justice, beneficence, non-maleficence and autonomy. Carrying this perspective into practice, a reevaluation of the role of apprenticeship both from the medical schools’, clinicians’ and medical students’ points of view seems to be the most promising challenge for the future of medical education.

Sir William Osler (1849-1919)

In this photograph we find Sir William Osler doing what educated Victorians were taught to do: working hard. The selfless personal commitment to professional excellence and continuous improvement are part of what patients expect from doctors. But don’t let this picture fool you, Sir William Osler while committed to innovation on medical education, was also a notorious prankster and a very witty public speaker.



Photographic reproduction courtesy of Dr. Samuel Blackman

Television

The influence of fictional characters as role models is widely recognized, especially in the teenage public. However, to what extent does this apply to medical ethics or to the perceptions of students who desire to do Medicine? Is this a desirable influence? The list of medical dramas has grown into a genre in itself: *ER*, *House M.D.*, *Grey’s Anatomy*, *Scrubs*, and *The Clinic*.

References

1. Mattick K, Bligh J. Teaching and assessing medical ethics: where are we now? *J Med Ethics*. 2006; 32:181-5
2. What makes a good doctor? (editorial). *Lancet*. 2010; 376:658
3. Bryan CS, Babelay AM. Building a character: a model for reflective practice. *Theor. Med*. 1995; 16:281-9
4. Hegel GWF. *Elements of the Philosophy of Right*. Cambridge University Press. 1991.
5. Pakaluk M. *Aristotle’s Nichomachean Ethics: an Introduction*. Chicago University Press. 2001
6. Lynoe N, Löfmark R, Thulesius HO. Teaching medical ethics: what is the impact of role models? Some experiences from Swedish medical schools. *J Med Ethics*. 2008; 34:315-6
7. Paice E, Heard S, Moss F. How important are role models in making good doctors? *BMJ*. 2002; 325:707-10
8. Wright SM, Kern DE, Kolodner K, Howard DM, Brancadi FL. Attributes of excellent attending-physician role models. *N Eng J Med*. 1998; 339:1986-93
9. Osler W, Hirohara S, Niki H. *Osler’s “A way of life” and other addresses, with commentary and annotations*. Duke University Press. 2001
10. Wershof Schwartz A, Abramson JS, Wojnowich I, Accordino R, Ronan EJ, Rifkin MR. Evaluating the impact of the humanities in medical education. *Mt Sinai J Med*. 2009; 76: 372-80