

Medical Ethics in Beer-Sheva

BEER-SHEVA'DA TIP ETİĞİ

Frank (Yeruham) LEAVITT*

* Ph.D., Centre for Asian and International Bioethics, Faculty of Health Sciences, Ben Gurion University of the Negev, Beer Sheva, ISRAEL

Summary

Our Faculty of Health Sciences teaches medicine, nursing, physiotherapy, paramedics, public health, medical management, sociology of health, epidemiology, occupational medicine, and the basic sciences, including immunology, virology, neurobiology and laboratory medicine, physiology, morphology, etc. Health science is a matter of teamwork. Each specialty, with its ethics, is equally important. Encouraging nurses, for example, to be aware of ethical problems, and not to be afraid to speak out, is as essential to ethical health care as is teaching doctors.

It is more important to encourage all members of the team to think deeply, to take responsibility for ethical decision making, and to listen openly to the their patients, than it is to try to train "hospital ethicists" as is done in the West. Our ethics programme for MD students includes: Ethics lectures in pre-first year summer course; First year ethics elective; Philosophy for Medical Students; Ethics for an integrated group of students from Nursing, Physiotherapy, Paramedics, and Medicine; Ethics discussion sessions in clinical rounds; Sixth-year Physician and Society; Evening lecture series.

Our humanitarian projects for the medically deprived of the world are integral to our approach to bioethics. We would like to work together with our Turkish friends in humanitarian projects. The greatest failure of bioethics, however, is our failure to address and solve problems of dishonesty in the health professions.

Key Words: Health Sciences; Bioethics; Ethics education

T Klin J Med Ethics 2001, 9:13-19

Geliş Tarihi: 13.04.2001

Yazışma Adresi: Frank (Yeruham) LEAVITT
Centre for Asian and International Bioethics,
Faculty of Health Sciences,
Ben Gurion University of the Negev,
Beer Sheva, ISRAEL

T Klin J Med Ethics 2001, 9

Özet

Bizim sağlık bilimleri fakültemizde tıp, hemşirelik, fizyoterapi, ilk yardım, halk sağlığı, sağlık idareciliği, sağlık sosyolojisi, epidemioloji, işyeri hekimliği, ve arasında immünoloji, viroloji, nörobiyolojinin bulunduğu temel bilimleri dersleri ile fizyoloji, morfoloji gibi laboratuvar tıp bilimleri dersleri okutulmaktadır. Sağlık bilimlerinde ekip çalışması önemlidir. Her uzmanlık alanı kendi içindeki etiği ile önemlidir. Örneğin hemşirelerde etik ikilemler konusunda duyarlılık oluşturulması, ve düşüncelerini açıkça ifade etmek konusunda çekingen olmamalarının öğretilmesi etiğe uygun sağlık hizmeti verilmesinde hekimlerin eğitilmesi kadar önem taşımaktadır.

Bütün ekip elemanlarını derinlemesine düşünmesi, etik karar verme sürecinde rol alması, ve hastalarını açıklıkla dinlemesi konusunda cesaretlendirmek, Batıda yapıldığı gibi 'hastane etikçileri'ni eğitmeye çalışmaktan daha önemlidir. Bizim tıp öğrencileri için olan etik programımız; Birinci sınıf öncesi düzenlenen yaz kursunda etik dersleri; Birinci yılda seçmeli etik dersleri; Tıp öğrencileri için felsefe dersleri; Hemşirelik, fizyoterapi ve tıp öğrencilerinin ortak katıldıkları etik dersleri; klinik vakaların tartışıldığı dersler; İnternler ve Toplum dersleri; ve Gece dersleri.

Bizim biyoetik anlayışımız içinde dünyanın tıp hizmetleri bakımından geri kalmış bölgelerine yönelik insan merkezli projeler de bulunmaktadır. Biz Türk dostlarımızla da bu tür insan merkezli projelerde birlikte çalışmak isteriz. Son olarak şunu da belirtmek gerekir ki bizim biyoetikteki en büyük başarısızlığımız sağlık çalışanlarının içinde bulunduğu dürüst olmama problemini çözme konusundaki başarısızlığımızdır.

Anahtar Kelimeler: Sağlık Bilimleri; Biyoetik; Etik eğitimi

T Klin Tıp Etiği 2001, 9:13-19

David ben-Gurion, the first Prime Minister of the State of Israel, once said: "To start a university, you don't need a plan. You need a dream."

Professor Moshe Prywes, who founded Ben Gurion University's Joyce and Irving Goldman

School of Medicine in 1974 had both a dream and a plan for a new kind of medical school dedicated to clinically oriented, community-oriented, humanistic medicine. Rather than taking the Hippocratic oath on receiving the MD (Medical Degree), our students are sworn to an Israeli version of the oath early in the first year.

They are then, also in first year, introduced to the wards with a week in adult medicine and a week's "Mother and Newborn", where small groups of students accompany a couple (with their informed consent, of course) during labour, during delivery and in the first days of nursing the new baby. Clinical exposure is increased from year-to-year, with most of the teaching taking place in the clinical context. This is to be contrasted with many medical schools around the world where clinical experience can be non-existent. I once met a medical student from Marburg, Germany, who came to Israel to volunteer in a hospital and gain some clinical exposure. She told me that in her school, all teaching was in the classroom until the MD. The only means by which students could get clinical experience was to get a job as a nurse's assistant. Community-orientation is effected by having much of our students' clinical exposure take place in outpatient clinics, not only at our major teaching hospital, Soroka Medical Centre, but also in neighborhood clinics and in outlying villages and development towns. In some medical schools in the world, family medicine is not considered an academic subject and is treated as less important than the prestigious hospital specialties.

In our medical school, however, family medicine is definitely a prestigious academic specialty, we have a department devoted to it and our students are encouraged to make it their profession. A vehicle for ensuring community-oriented, humanistic medicine, is our interview system for admissions. After many hundreds of applicants have been narrowed-down on the basis of high-school matriculation examinations and intelligence testing, they are invited again-and-again for a rigorous series of interviews. The interviewers are not all physicians or medical-school academics, but can include nurses, social workers, professors from the humanities and the natural sciences, judges and other community representatives. Applicants whose main interest is

research rather than clinical medicine are rejected. The interviewers look for applicants who have already demonstrated humanitarian orientation through volunteer work. And fairly (although not totally) successful efforts are made to find applicants who will tend to be ethical doctors.

Departments and units for "soft" sciences, including Sociology of Health, and Medical Education, were also established quite early in the history of the medical school, as another vehicle for humanistic medicine. I have been using the phrase, "medical school", but actually we are something much bigger than that, a Faculty of Health Sciences, teaching in addition to medicine: nursing, physiotherapy, paramedics, public health, medical management, sociology of health, epidemiology, occupational medicine, and the basic sciences, including immunology, virology, neurobiology and laboratory medicine, physiology, morphology: all in degree programmes. An effort is made to integrate the thinking and planning with respect to all of these fields, conceiving health not as the work of the physician alone, or of the physician with his or her "helpers" but as a matter of teamwork in which each of these specialties is equally important. In this direction, we have now received government approval to start a programme in Clinical Pharmacology. Recognizing that pharmaceuticals, in the world of molecular and genetic medicine, have become such a complicated subject that one cannot expect the physician to be fully informed in all cases, the idea is to train clinical pharmacists who will accompany the doctors and nurses in clinical rounds consulting on prescribed drugs. An ethics course is planned as part of this new programme.

With this background in mind, we shall now turn to ethics. I am very proud of our Faculty of Health Sciences. This pride is not mere prejudice, because our graduates are the most sought-after by hospitals of all Israeli medical graduates. But this paper will not be mere propaganda. I shall address both our strengths and our weaknesses, our successes and our failures. With respect to ethics, one of our major weaknesses derives from the fact that the school was founded in 1974, long before biomedical ethics became a well-known and recog-

nized field. If the school were founded today, it is likely that a department of ethics, or a department of medical humanities including ethics, might have been given high priority. But history being what it is, a regular academic appointment in ethics was not established in our school until the year 2000, twenty-six years after the founding of the school. And this appointment is not yet tenured. We can, however, take consolation in the fact that it is the first regular appointment in ethics in any Israeli medical school.

In spite of this, we have had a number of successes. Ethics electives are offered to students in all of the degree programmes in the Faculty. Honesty requires admitting that this is a good result which arose from economic necessity. With no academic appointment for a clinical ethicist, one could not support one's teaching of ethics to medical students without also teaching in the other specialties in the Faculty. And the academic appointment, once established, is budgeted on the assumption that a considerable amount of time will go into teaching ethics in programmes other than the MD programme. The time put into this teaching is, of course, at the expense of time which might be devoted to MD students. But we Jews have a saying from the Bible: "From bitter came sweet".

In spite of the drawbacks, I am of the opinion that teaching ethics in these other programmes is one of the best way to contribute to the grand goal: ethical health care. In the first place, let us consider the ethics courses for our nursing students. In our Faculty, academic nursing is highly emphasized. It is impossible to get RN (Registered Nurse) certification in Beer Sheva without also doing a Bachelor's degree in nursing. In addition to the young students in the BSN programme, we have many experienced nurses, including chief ward sisters, who were qualified at a time when only the RN was offered, and who return to join the younger students and complete the BSN (Bachelor of Science in Nursing). We also offer a MSN (Master of Science in Nursing) degree, with an ethics elective. And at least two of our nursing instructors already have PhDs in nursing, and others are on the way. As anyone who has taught nurses knows, there are no secrets which can be kept from

the nurses. They are aware of all the errors and acts of negligence which physicians can commit. They do not hesitate to talk about these things. They can exaggerate in their criticism of physicians. But they are right often enough to make them worth listening to. They are members of a separate professional hierarchy from the physicians, which gives them a certain degree of autonomy and freedom to raise questions of ethics with the physicians. Exposing them to a wide range of questions in ethics classes, and requiring them to write academic papers on ethics, as we do, can sharpen their awareness of the questions, improve their ability to express themselves logically and convincingly in ward staff meetings, and give them self-confidence to speak out when ethical questions arise in the wards. This has the potential to make no less of a contribution to ethical medicine than does teaching ethics directly to the medical students themselves. The same can be said to varying degrees for other clinical specialties like physiotherapy and paramedics. Our paramedic students, for example, include highly experienced former army medical corpsmen and ambulance staff from our Red Star of David (Magen David Adom). These people are aware of problems in the medical and ethical judgment of the physicians with whom they work. Knowledge of medical ethics and medical law can only positively affect their potential contribution.

Some of our Master's programmes in which ethics is taught, like Master in Medical Management, and Master in Public Health, include both experienced physicians and experienced nurses as students (as well as biologists and others). This can also contribute to more understanding and mutual respect with respect to decisions which should be taken by the entire ward staff meeting, rather than by individual physicians. I argue that even the most senior professor has no right to make a DNR (Do-not-recessutate) decision by oneself. It is too heavy an issue and must be weighed by the entire staff, including nurses and social workers and, of course, the patient and family whenever possible. Of course not all students are open to such ideas. In the most exciting ethics class which I ever taught, there was a fierce debate every week between an experienced neonate intensive care

nurse, and a physician who had headed a large ward in a major hospital in the former Soviet Union. In Israel the Neonate Intensive Care Units allow the most autonomy and authority to nurses, of any wards. They are highly trained and in constant contact with the patients. They can and do override physicians' decisions. But this physician came from the Soviet Union with extremely paternalistic attitudes, and argued that it is the nurse's duty to carry out physicians' orders unquestioningly. Even when the physician gives a mistaken prescription which can harm or kill the patient, he argued, the nurse must follow doctor's orders. "If anything goes wrong," he would say, "it is my responsibility, not yours. Anything else will destroy medicine."

Obviously our Israeli NICU nurse could not accept such ideas, which made for a lively and instructive class. In my opinion, such a nurse, who has studied bioethics seriously, can be a more effective force for ethical medicine than can be a "hospital ethicist" of the sort favoured in the West. But this is on condition that the nurse is well-enough informed to express oneself clearly and forcefully during discussions on rounds or staff meetings. A further condition is that an atmosphere has been created during education of medical students, which encourages respecting and taking seriously the opinion of the nurses. As for ethics teaching within the 6-year MD programme itself, it is my opinion that it is much more important to encourage physicians to think deeply, to take responsibility for ethical decision making, and to listen openly to the bioethical views of their patients, than it is to try to train "hospital ethicists" as is done in the West. Among the means of teaching ethics to medical students, we have the following:

1) Ethics lectures in pre-first year summer course. Israeli students start university studies much later than those in many other countries. After high-school they do their military service: approximately two years for girls and three to five years for boys. It is then regarded as a "must" to tour for a year, usually to South America or to the East. Relatively few get to Japan because of the very high prices. But Israelis can be found trekking all over India, Nepal, Thailand and China. When they begin medical school, they are quite mature

young people. But they have been away from school for several years. So they are given a refresher course during the summer to prepare them for medical studies. Some things, like mathematics, are a review of what they learned in high school. But others, like biology, can be almost entirely new, because biology is changing so rapidly these days. The students get at least two ethics lectures during this summer course, with the subjects varying according to what seems most important. Two summers ago I yielded my lecture session to two fourth-year students who discussed the problem of cheating on examinations (a subject to be touched on later in this article) with the new students. But it was not regarded as sufficiently important by the faculty members in charge of the summer course. So this last summer, I was asked to talk about our Mother and Child Health Education Project for poor, Dalit ("untouchable") village women in Tamil-Nadu, India. I am of the opinion that now that Israel has one of the most advanced medical systems in the world, with government subsidized health care for almost all, it is the duty of Jewish Medical Ethics to help the medically deprived populations of the world. It would be beautiful if we Israelis could do this in a medically deprived Third-World area, in partnership with Turkish physicians, nurses, and medical and nursing students.

2) First year ethics elective. Our medical students are required to choose two elective courses from outside the medical curriculum. These may be any courses in the university, including sport. One of the electives we offer is: "Jewish Medical Ethics", so-called because it was instituted by our Jakobovits Centre for Jewish Medical Ethics, which was founded in honour of the late Lord Rabbi Immanuel Jakobovits, who was Chief Rabbi of the British Empire, a Member of the House of Lords, and the author of the classic text: *Jewish Medical Ethics*. A major tenet in the brief of the Jakobovits Centre was to find solutions to today's questions in medical ethics on the basis of ancient religious texts. And for years, this elective course was for the most part based on those texts. But with the astonishing advances in today's medicine, including molecular and genetic medicine, it is debatable whether ancient sources from any religion, whether it be Judaism, Buddhism, Shinto,

Hinduism, Islam or whatever, can be definitive guides any more. Too many problems have to do with medical technologies which did not exist when the ancient sources were written. So even the most traditionally religious of our Jewish authorities keep informed of advances in medical science and of current international bioethical debate. And courses on medical ethics must be open to information from a wide range of sources outside of Judaism. For a long time this course was taught by an individual lecturer, or a pair. (Rabbi Jakobovits and I taught it together when he was alive.) But now it is a team-taught course coordinated by a medical student, Mr Yossi Walfisch. Each week there is a lecture by a different lecturer.

3) Philosophy for Medical Students. This is an elective which I teach myself. The value of the course is a matter of debate between myself and some of my colleagues and mentors. Their background is in extremely practical clinical medicine, while mine is in philosophy. They are of the opinion that the time would be better spend in discussing problems in clinical ethical decision making. I disagree entirely. It is my humble opinion that (a) there is hardly anything which we can discuss in clinical ethics of which the students do not already know a great deal from the newspapers, the television and the cinema, and (b) a discussion of current and specific questions in clinical ethics will only prepare the students to deal with those specific questions, it will not prepare them to deal with questions which may come up ten or twenty years in the future.

These are questions which you and I cannot even dream of today. Who would have ever dreamed of Dolly until we read about her in Nature? And so shortly after we began to think that cloning was one of the most shocking questions imaginable, we heard about Stem Cell Embryonic Cultures. In my opinion, in preparation for dealing with the questions of tomorrow, the content of our teaching is much less important than the logical form.

In my philosophy class for medical students, I hardly ever mention medicine. I discuss abstract questions like purported proofs for the existence of God and the soul, philosophy of science, philo-

sophical difficulties with the mathematics of infinity, etc. My hope is to accustom them to some abstract, deep and open thinking, which perhaps will prepare them for the unknown in the bio-medical ethics of twenty years hence.

4) Ethics for an integrated group of students from Nursing, Physiotherapy, Paramedics, and - for the first time! - Medicine. For years I have been teaching an ethics elective course for third and fourth year nursing students at our Faculty's Recanati School of Community Health Professions. There have always been a few physiotherapy students in the class, but their numbers have increased considerably in recent years. And there is a rather large number of students from our new academic paramedic programme. The head of the Recanati School, Prof Dan Benor, has always encouraged integrated education of nursing and medical students together. For years, however, I resisted admitting medical students to my Recanati ethics course because of a scheduling programme. The Recanati students are third and fourth year students - and returning experienced RN's - and all have considerable clinical experience. But considerations of scheduling can allow an ethics elective for medical students only in first year, when they have had almost no clinical experience. I thought the difference would be too great for a successful course. But this year, I yielded to Professor Benor's request to give it a try. And he turned out to be right, I accepted seven first-year medical students, along with nursing, physiotherapy and paramedics, into a class of twenty-five students. In an informal "debriefing" at the end of the semester, all of the students were happy with the combination and acknowledged that they had learned from the others. When I remarked that I had been concerned about the medical students' relative lack of knowledge, one of the medical students said: "But I don't feel that I know any less than they do." I replied with a friendly but slightly sarcastic smile: "Physicians aren't egoistic, are they?" But the truth is that she was not entirely wrong. The medical students lacked experience, but they compensated to a large extent by their other qualities. After all, they are among the very top in the country in high-school grades, intelligence testing, etc. Indeed, when the same girl had given her classroom presentation during the semester, she analyzed and discussed a quite technical paper

from Nature: "The rise of neurogenetic determinism", much more clearly and interestingly than I could have done myself. So this experiment of teaching ethics to integrated classes will be my model for the future,

5) Ethics discussion sessions in clinical rounds. This is the most problematic aspect of our ethics teaching. We would really like to see each medical student at least twice a year, during their clinical rounds, to discuss the ethical problems which they have noticed. We succeed in this to a certain but very small extent. The problem is more bureaucratic than anything. The students are willing to have the discussions (which, incidentally are successful to the degree that they are brief). We are willing to conduct them. But meeting with all the secretaries and doctors in charge of each round, in order to work out the scheduling, is an enormous task at which we can report only limited success. We are partially compensated by the fact that some of the physicians who teach the students in clinical rounds studied ethics in the Master in Medical Management programme, or from other sources, and can integrate it to varying degrees in their clinical teaching. But we should be doing more.

6) Sixth-year Physician and Society. This is a quite successful two-week course, run by Professor Shimon Glick. The course includes lectures, by a large number of speakers, as well as films, on a wide range of medical humanities including sociology, anthropology, law, religion and, of course, ethics. It is, for the most part, well-liked by the students. I was once surprized to hear a sixth-year medical student say: "I am a body technician. When you have a problem with your car, you take it to a motor technician. When you have a problem with your body, bring it to me. I know how to fix it. I don't need ethics" But this was an unusual case. For the most part the students' only complaint is that the course is a bit of a burden during an extremely busy year when they are preparing for national examinations. But aside from this, it is quite well-received by the students. My own contribution is usually to screen a film on the infamous Tuskegee syphilis studies and then conduct a discussion of ethics in human experimentation.

Last year, in order to illustrate how we have made bioethical progress over the years, I men-

tioned a former colleague, a now-retired professor of internal medicine, who admitted in a seminar that when he was a young doctor he had exposed patients without their knowledge to radiation, for purposes of research. The students demanded his name, so that they could report him to the police. I did not feel it right to make him suffer for something which was once common practice in days when physicians were not aware of the ethics of what they were doing. Indeed, as we all know, Jenner tested his smallpox vaccine on children. After he vaccinated them with cowpox, he intentionally exposed them to smallpox, to test the vaccine. We are all lucky, today, that he was right. But a doctor who tried such a thing today would face criminal prosecution. I was happy, though, that students today are much more aware of ethics, and concerned about it, than the medical profession used to be.

(7) Evening lecture series. We have two evening lecture series: "Spiritual Enrichment" and "Halacha (Jewish Law) and Medicine", covering a wide range of ethical as well as spiritual and general cultural subjects. These sessions are well attended by students in all of the programmes in our Faculty, as well as by students from other faculties, lecturers, scientists, physicians and nurses. Attendance is voluntary, of course, so these sessions do not reach all students. But those whom it does reach are quite enthusiastic. We faculty members used to organize these sessions ourself, but they are now totally run by a medical student, Akiva Nachshon, and a nursing student, Tali Amidror. These students have full autonomy. Although they consult with us, they design the programmes themselves and decide what lectures are given. This is one expression of our Faculty's general policy of including students in decision making.

The Greatest Failure of Bioethics

I began by saying that this would not be a propaganda article, but will address failures as well as successes. The greatest failure of bioethics all over the world is that we avoid the most important point because we do not know how to teach it. This is, of course, honesty. It is an embarrassment to bioethics that we have got used to listing four principles: autonomy, beneficence, non-maleficence, and distributive justice, as THE Principles of

Bioethics. Sometimes we add caring and the meaning of life. But nobody ever thinks to list "be honest" as a principle of bioethics. This is mainly because we do not know how to teach honesty. Indeed, we all know that it is easier for ourselves and our students to talk about cloning or euthanasia, rather than about honesty. It seems obvious - although I do not know if it has been properly surveyed - that more ethics is taught in medical faculties than in other university faculties. We don't hear about mathematics students being asked to hear a lecture about the "ethics of mathematics". Yet, a few years ago, a Nature editorial claimed (although without scientific proof) that there are more incidents of research fraud in medicine than in any other field (1,2).

And the problem starts at a younger age than that of research physicians. Cheating in medical school has become such a major international problem that the British Medical Journal has made it a major subject of at least two issues, the most recent being 3 February 2001. Shimon Glick's article in that issue (3) and my article of a few years ago (4) discuss two aspects of the subject in Beer Sheva. Unless we find out how to make some progress in encouraging honesty, it will be hypocritical to continue to call ourselves teachers of ethics.

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Commentary to Leavitt

Shinryo Shinagawa*

**Prof.Dr.Hirosaki University, School of Medicine, Japan*

During Prof.Dr.Frank Leavitt in Tsukuba University, Japan, as a visiting professor of bioethics and comparative studies of culture and philosophy between East and West,Old and New,Japanese and Israeli. Prof.F.Leavitt visited Hirosaki University and read two interesting papers in Hirosaki Medical Association, February 19th, 2000. The titles of his papers were: 1) Medical Ethics in Beer-Sheva and 2) Are we really doing medical research from human needs? Reflections on the newest version of the World Medical Association Declaration of Helsinki. After his speeches, a heat discussion was done more than one hour mainly on such problems as:

1. Language used in textbooks of medical ethics: In Israel, usually using English: in Japan, almost always using Japanese only.
2. Basic philosophy and characteristics of culture; In Israel,Judeo-Christian and monotheistic but multi-racial; in Japan, Confucianistic, Buddhistic, Shintoistic, combined with Euro-American, and polytheistic, but almost mono-racial.
3. Average age of medical students: In Israel, 2 to 5 years or more older than in Japan since in Israel military service for 2 to 5 years is obligatory for all boys and girls.

*Corresponding address:Prof.Dr.Shinryo Shinagawa,32-3
Fujimi-cho,Hirosaki,Aomori, Japan*