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From Dead to Live: Ethical Codes in the Medical Profession

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**Psychology of Morality &
Democracy and Education**

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From Dead to Live: Ethical Codes in the Medical Profession¹

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- Handout -



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Abstract

There is a paradox in the development of ethical codes. To effectively guide the highly complex decision-making process of a medical doctor, ethical codes have become more and more specific, complex and large in number. However, through this growing complexity, ethical codes have also become less and less comprehensible and manageable for doctors who are to apply them. For many, they have become a dead body of text. To awake ethical codes to life, two options are available: First, they can be made more comprehensible and applicable by reducing their number, and separating basic from specific principles. Second, and even more importantly, medical doctors' ethical judgment competence can be increased, that is, their ability to understand and apply ethical codes, and resolve the conflicts which inevitably arise when doctors have to observe many norms simultaneously.

In this paper, I will report findings from longitudinal studies of medical students that show that the present medical education fails to foster moral competencies. Our main study from Germany shows that medical students' ethical judgment competence decreases rather than increases during their study. A second longitudinal study from Finland done by Professor Klaus Helkama from the University of Helsinki fully supports this negative trend for Finnish medical students. It seems, that our system of medical education fails in this very important aspect. study Furthermore, I will argue that traditional ethics courses are only of limited value to enhance those abilities. I will outline the method of moral dilemma discussion, which has shown to be an effective way of enhancing the moral competencies of highschool students, and which I have adapted for teaching medical ethics.

Box 1: "I must not think!" - The Path Toward Unethical Medicine

The physician Dr. Sigmund Raschert, collaborator of Heinrich Himmler, chief of the SS, and member of the Nazi research group "Ahnenerbe" ("Heritage"), was responsible for many lethal experiments with humans during the Third Reich. Hundreds of inmates of prisons and concentration camps were killed through these "scientific experiments." Raschert also conducted space experiments in which humans' pain and dying were observed in low pressure chambers that simulated low air pressure of 60.000 feet height. He also tested a new medicine against excessive bleeding with prisoners who he or his collaborators shot to death for this purpose. Of course, none of his subjects were asked for their consent.

When his uncle happened to learn about this, he questioned Dr. Raschert about his doing. Raschert's uncle told the Nuremberg Medical Tribunal that Raschert turned wild when he learned that his uncle knew about these top secret experiments. "After I appealed to his conscience both scientifically and morally," Raschert's uncle continued his report, "he broke down and cried: 'I must not think, I must not think.'" During the whole night we continued this conversation. Dr. Raschert admitted that he was going into a wrong direction, but that he felt it was impossible to stop it." (Mitscherlich & Mielke, 1960, S. 71.)

Box 2: Definitions of Morality, Moral Judgment Competence and Moral Education

Morality:

"As the ultimate moral principle, Kant restates the golden rule in logical form, 'Act as if the principle on which your action is based were to become by your will a universal law of nature.' This rule is called the categorical imperative, because it is unqualified and a command. Kant further insists that one must treat all others as 'in every case an end, never as a means only.' " ("Ethics," Microsoft (R) Encarta.)

Moral Judgment Competence:

"The capacity to make decisions and judgments which are moral (i.e., based on internal principles) and to act in accordance with such judgments" (Lawrence Kohlberg, 1964, p. 425)

Moral Education:

"What [we attempted] is to make some schooling more just, democratic, or, at least, examined so that it may enhance, rather than simply socialize, student development." (Ralph Mosher, 1980, S. 372)

Box 3: Dr. Paul's Dilemma

At the beginning of her internship, Dr. Paul didn't need to be told that it was illegal to remove organs or tissues from a dead person without permission from the family. As a Catholic it would also violate her faith. However, she soon learned that there was a great shortage of transplant tissues for persons suffering from third degree burns. Their life can only be saved if their skin is replaced by skin from cadavers.

One day her boss tells her that they have again run out of suitable skin for grafts and they were in immediate need because there was an emergency operation scheduled for that same day. He told her to go to the morgue and quietly collect skin to be used for grafts in the surgery later that day. She should not talk to anyone about this.

Dr. Paul did as she was instructed.

Questions:

1. *If you had to make a quick judgment about Dr. Paul's decision, do you feel that it was right or that it was rather wrong? Mark your answer by circling one of the following numbers on a scale from "completely wrong" to "completely right:"*

I feel that Dr. Paul decision was... (Circle one answer)

*(Completely **wrong**) -4 -3 -2 -1 0 +1 +2 +3 +4 (completely **right**)*

2. *How secure do you feel about your judgment?*

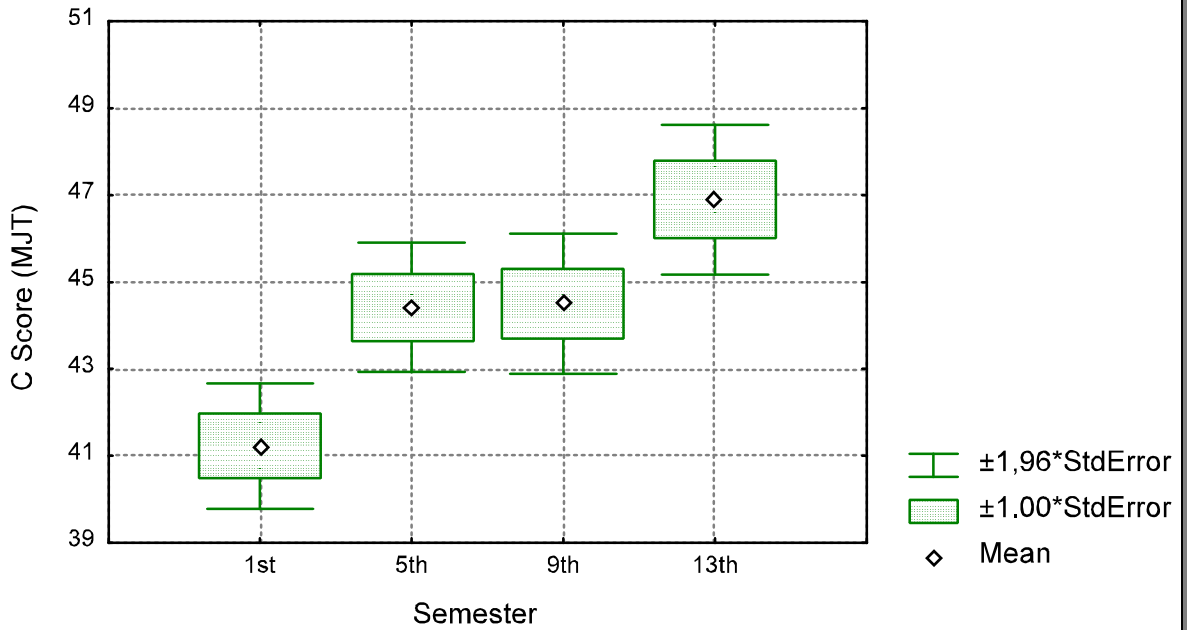
About my judgment, I feel ... (Circle one answer)

*(Completely **insecure**) 0 1 2 3 4 5 6 7 8 9 10 (completely **secure**)*

3. *What are the **reasons** for your judgment about Dr. Paul's decision? Give as many as you like in short sentences (use back of page for further comments):*

Longitudinal Change of Moral Judgment Competence in German University Students (w/o Medicine)

$F(3,1212)=10,14; p<0.0000$

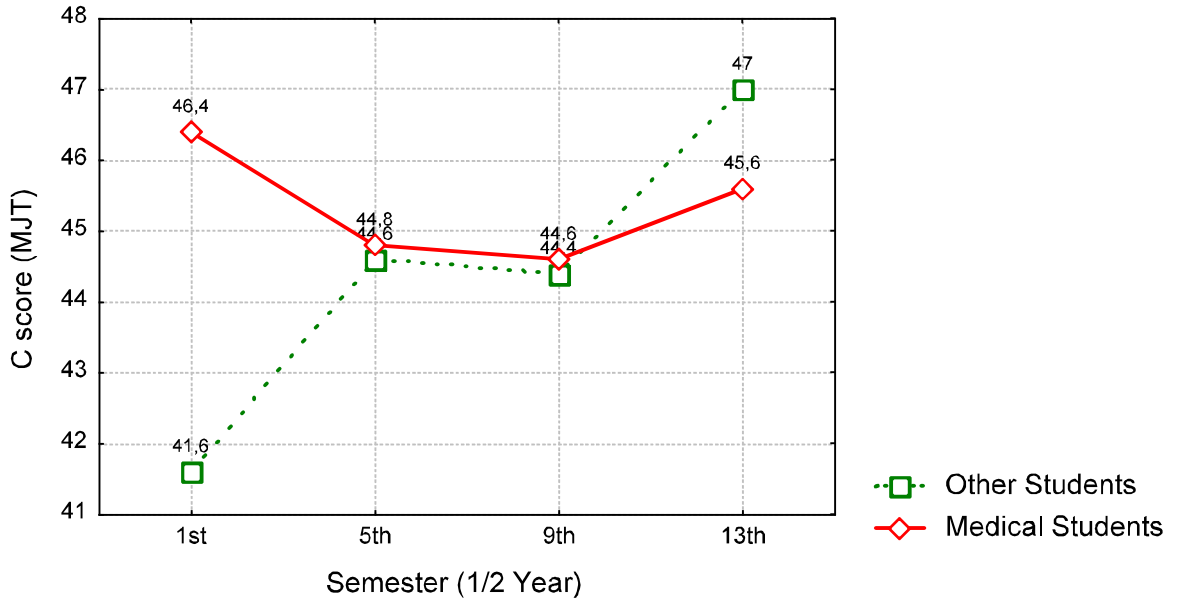


Source: FORM-Project
Analysis: G. Lind, 1997
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Fig. 2

Longitudinal Change of Moral Judgment Competence in German Medical Students

$F(3,1383)=1,84; p<,1380; \text{min. } N= 592, \text{max. } N=719$



Source: FORM-Project
Analysis: G. Lind, 1997
File: St4-C.stg

Fig. 3

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