Education and debate

Editorial: Philosophy in the undergraduate medical curriculum—beyond medical ethics

Newell and Gabrielson[1] have suggested that what distinguishes the humanities is their concern with ''the human''. Evans, however,[2] has suggested that all modalities of inquiry are concerned with the human, in the sense that in seeking to understand and control the world about us we are seeking to understand and affirm our place within it. In this sense medicine appears to be an exemplar par excellence of an inquiry and practice that is concerned with the human. It is this idea that underpins for the author the need for the interdisciplinary conversation that has come to be called ''medical humanities''. Of the humanities disciplines philosophy has been associated with medicine since antiquity and applied moral philosophy (medical ethics) is still the humanities discipline that is accepted as an important part of the practice of medicine in modern times. Evidence that this is the case can be seen in the inclusion of the study of medical ethics in undergraduate medical education. Is there a case for a place for a wider philosophical perspective in undergraduate medical education?

In his paper Rudnick[3] suggests that the study of epistemology and ontology would enable medical students to develop a reasoned, critical, reflective approach to medicine, with the implication that this would make them better doctors. Louhiala,[4] in his paper in the last edition of the journal, added that studying philosophy may help doctors to deal with uncertainty. This claim is based on Bertrand Russell's assertion that the study of philosophy can teach how to live without certainty and yet without being paralysed by hesitation.[5] Similar justifications are used by those advocating the inclusion of many humanities disciplines in medical curricula in that they are based on the discipline being instrumental in acquiring broader transferable skills. Is there, however, a more fundamental justification for inclusion of philosophy in the medical curriculum?

Evans has suggested that: ''Medicine concerns itself with the substance of our embodiment as selves and philosophy with the conceptual understanding of that embodiment'' (Evans,[2] p 262).

This appears to provide a fundamental justification for including philosophy as part of the curriculum. Understanding of the concepts which we use to describe the structure, function, malfunction, and restoration of the human being, including understanding their nature and boundaries and the degree to which they are interdependent, seems desirable if not essential. Many would argue that, as with medical ethics, a superficial knowledge and some understanding is enough. Are students given the opportunity, however, to develop even this limited understanding of the conceptual framework which underpins the practice of modern medicine?

It could be argued that at least at the descriptive level the answer to this question is affirmative. Most courses now include an emphasis on evidence based medicine and critical appraisal of evidence. This could be said to be giving students some understanding of the epistemology of scientific evidence. Courses in social sciences such as sociology and anthropology could be said to be doing the same in relation to the concept of disease and its relationship to illness and there are other examples. Many students have little opportunity, however, to develop their understanding beyond this descriptive level to the more analytic level of epistemological inquiry which one might compare with the normative ethics studied by medical students. Some students choose to study these issues as elective courses but even though the course described by Rudnick[3] is compulsory for only half his students, it appears to be a step towards a more general opportunity for students to develop this level of understanding.

Those who would want to object to the introduction of such courses will find some succour in Rudnick's paper. Some students were less than enthusiastic about the course and commented that it was too short and too abstract. Both of these criticisms could be addressed by structural alterations to the course in terms of its temporal placement in the curriculum, its format, and its integration with other subjects.

Louhiala[4] suggests that the ideal would be for philosophy to be integrated in the whole medical course. As he acknowledges, this is likely to remain an ideal in most medical schools for ideological and practical reasons. His third option, however, for how philosophy could be included into the curriculum—philosophical analysis based on common medical problems experienced by students—seems a practical possibility. Rudnick asserts that: ''…educational ventures in philosophy of medicine should be further developed and implemented''.[3] His paper on its own probably does not justify the second part of this conclusion. There appears, however, to be a case for resisting the urge to retreat from the challenge by consigning it to an elective course for those with a special interest in the subject. Rather we should continue to explore the potential of a broader role for the philosophy of medicine in the undergraduate medical curriculum.

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5 **Russell B**. *A history of Western philosophy*. London: Counterpoint, 1984.