PostScript

LETTER

Reasoned and reasonable approaches to ethics in undergraduate medical courses

Why is it that despite having many of the same concerns on how ethics may be included in undergraduate medical curriculums, I write to state my concerns on Cowley's formulation and conclusions.¹

I think my main problem is with an argument that starts from a position of criticising "universalising", but offers as a substitute the idealising of another universality—"their own healthy intuitions and vocabulary". What is it that can help in promoting an appreciation of what may be a "healthy", as opposed to an "unhealthy", intuition? At the risk of immediately undermining my argument by indulging in psycho-analytical jargon derived from Freud (who for some reason was brought into the argument for no reason other than to dismiss him, along with Marx), idealisation of any form does not reflect the true value or merits of something, but builds a part into the whole: maintaining this position requires, as

its counterpart, something else to denigrate, and similarly does not include a proper valuation of that other thing. It does not act ultimately in the service of better understanding.

Similarly, the use of ordinary language is something to be applauded, particularly where it enhances understanding. In Manchester, Step 1 in our 8-step PBL process is "clarify unfamiliar terminology". I think this should be accompanied by Step 1b, "clarify apparently familiar terminology". It is not only the Americans and the British who may be separated by a common language: unquestioned assumptions about a shared understanding of meaning can be just as dangerous as spurious use of technical jargon to give power to position or argument. My own experience is that it is sometimes only through the use of the technical tools with which I have become equipped that I arrive at the ordinary words that communicate best. This is in keeping with a part of Cowley's argument—that is, the need to ensure that a full appreciation of process (of events and experiences) in people's lives is part of what we learn and teach.

I wholeheartedly agree with Cowley about avoiding situations in which concepts inhibit rather than promote thinking. We all have

plenty of material relating to ethical dilemmas to work on from our lives, but can we use this material to make the tools to help us in our personal lives and also in our professional lives? No one school of thought can give us the answers to all problems, but they may help. The use of technical concepts needs to be differentiated from their misuse. Hence, part of what is required is the promotion of a learning environment in which we can truly examine behaviour and values, if not without prejudice, at least through seeking to minimise it. Examining whether we are behaving reasonably and with good reasoning is a process for life. Dismissing the use of carefully considered constructs, rather than learning the limits of their use, is likely to be just as unhelpful as believing that we cannot learn from life.

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doi: 10.1136/jme.2006.016097

Competing interests: None.

Reference

- 1 Cowley C. The dangers of medical ethics. *J Med Ethics* 2005;31:739–42.