

Narrative Approach to Ethics Education for Students without Clinical Experience

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1. Introduction

Medical ethics (ME) education is becoming one of the common features of medical curricula in Japan.¹ However, Japanese medical schools do not seem to share a general empirical understanding about how ME should be taught. Case-based learning of ME is becoming accepted by world-wide medical schools, but it is not clear how students should analyze a case and reach to a judgment. This paper reports an application of narrative approach to case-based ME education for Japanese students.

2. ME courses and learning strategies

▪ ME courses and students

Students of Niigata University School of Medicine are provided three courses in which ME is instructed. In the first year, an elective course, “*Iryou Rinri Gaku* (Health Care Ethics),” is opened to both medical and non-medical students. “*Houigaku* (Legal Medicine)” in the fourth year, and “*Seimeirinri* (Bioethics)” in the fifth year are compulsory courses for medical students. Clinical education at the medical school includes early medical exposure in the first year, but the core clinical teachings are given in the fifth and sixth years, therefore, most students who take part in the ME courses have little or no clinical experience.

▪ Learning strategies

One of the major goals of our ME education is to prepare students for ethical dilemmas, that can be met in daily clinical practice, therefore the case-based learning is thought to be most desirable. However, the lack of clinical experience sometimes makes students feel a case as if “a play with cardboard characters,” in which they see no medical or psycho-social reality. To evoke student’s imagination, we have developed what we call a “narrative approach” to learn ME. **Fig 1** shows the general flow chart of this strategy. Prior to a case analysis, students are required to exchange their own life history regarding the core issues in the case, such as “death and dying.” A case is presented not only in the form of vignette, which has traditionally been used in textbooks² and casebooks³ of bio-medical ethics, but also

in the form of narrative. In the *vignette*, a case is briefly summarized as a factual report and written with objective sentences (**Fig 2 a**), but in the *narrative*, a case is a story composed of personal narratives, collected and edited from diaries, letters, interviews of persons involved in the case (**Fig 2 b**).

3. Performance of Students

1) Principle-based analysis of cases in vignette

When cases are presented as a vignette, students showed relatively poor performance in the following points.

- Some students misunderstood medical or psycho-social facts involved in the case.
- Many students could not attribute problems to conflicts between two or more ethical principles.
- Many students judged the case, not by logical reasoning based on the facts written in the vignette, but from what he or she arbitrarily imagined (i.e. patient's mental state).

2) Aid by narrative description

Narrative description of cases verified student's performance in the following points.

- ***Precise understanding of medical and psycho-social situation of the case***
Students rarely misunderstood the factual (medical, and psycho-social) situation involved in the case. Patient's condition was viewed not only from physician's standpoint, but also from patient's and his or her family's standpoints. Many students reported that they could know how condition changed, and how each person perceived it.
- ***Imagination***
Emotional response (i.e. "I was impressed very much," "I almost shed a tear") was often observed ---- this was not the case with vignettes. Students typically expressed compassion for patient's psychology, importance of family's role, criticism on relationship between doctor and patient or patient's family,
- ***Relativization of his or her moral standpoint***
Many students intentionally compared the viewpoint of their own and that of each person involved in the case. Some students expressed psychological tension between them. Some students felt uneasy when they have ambivalent standpoints, and complained about they could not reach a clear-cut solution. However, much more students expressed that they should not impose their own standpoints to patients, and that the process of decision-making should be shared among medical staff and patients or their families.

- **“Heuristic” reasoning**

Some students reported original frameworks or concepts which had not been instructed or suggested in the lecture. For example, a student analyzed who should tell the true diagnosis about incurable cancer to patients using an original concept of “*kodoku* (solitude).”

4. Discussion

The narrative approach to biomedical ethics presupposes that personal narrative is central to detailed case analysis in which ethical issues are embedded in the personal, historical, and social context. We have used this approach supplementing the principle-based approach, which is popular in bio-medical ethics, in teaching bioethics to students without clinical experience. Our experience suggests that the principle-based reasoning using simple vignettes is often hardly accomplished by students. However, the narrative approach was found to be useful since students can: 1) gain more accurate and wider comprehension of medical and psycho-social aspects of the case, 2) grasp the nature and the history of the conflicting views among persons in the case, 3) find more easily any method for dealing with and settling problems, and 4) exchange viewpoints with patients and their family.

Note

The term “narrative approach” is used here to designate learning strategies of case-based ME education, which focus on life history expressed by some forms of personal narrative²⁻⁴.

References

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