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Challenges for Medical Ethics Pedagogy in Korea

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1. Medical Ethics: where medicine meets philosophy

As an academic discipline, medical ethics is a relatively recent phenomenon, not only in Asia, but also in the West. In North America, serious scholarly interest in medical ethics really only began in the 1960s, when various social movements inspired academics, especially those in the humanities, to distance themselves from the Ivory Tower and attempt to become more socially relevant. It was in this context that the field of medical ethics and the larger field of applied ethics began to flourish.

Medical ethics is very much an interdisciplinary activity. The ethical issues raised in the practice of medicine are of concern, not only to medical practitioners and researchers, but also to public policy makers, legal theorists, theologians, and philosophers. While each of these groups has unique contributions to make to the study of medical ethics, philosophers and theologians would seem to be especially relevant since they are, historically at least, the only two groups within academia to have received any sort of formal training in ethics. However, the ethical training that theologians receive is decidedly different from that of philosophers. From a theological point of view, ethical truths are ultimately based upon scripture and religious doctrine. Philosophers, on the other hand, are trained to approach ethical issues from a purely secular and rational point of view; ethical reasoning, they believe, should be constrained by nothing other than the standards of rationality.

Because of the secular orientation of western academia and the multi-cultural make-up of North American society, philosophy has, in the West at least, come to play a greater role than theology in the field of medical ethics. This, I believe, is entirely appropriate, for it is unacceptable in a pluralist democracy to base our laws, public policies, or ethical norms on the teachings of any one religion; such laws or policies will be meaningless, if not offensive, to those who do not belong to the chosen religion. Since the ability to reason is something that we all share, regardless of our religious background, it is entirely appropriate that the study of medical ethics be approached from a secular and rational point of view.

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Thus, the principal players in the field of medical ethics are, on the one hand, the medical practitioners and researchers who directly confront the ethical problems that arise in the practice of medicine and, on the other, the philosophers who are trained to think about ethical problems from a critical and rational point of view. Ideally, the study and practice of medical ethics should integrate these two disciplines, medicine and philosophy, in a constructive and cooperative fashion.

There are many examples of such cooperative efforts in the West, but relatively few in Korea. However, for the last five years, the College of Medicine at Dangook University has provided the opportunity for one such cooperative endeavor. During this period I have collaborated with Dr. Cheong Yoo-Seock in teaching medical ethics to the pre-medical students in the College of Medicine at Dangook. Our team-teaching approach has brought together an English-speaking philosopher, raised and educated in the West, with a physician, raised and educated in Korea. Our classes have been interesting and illuminating in several respects, but especially in exposing some of the cultural differences between East and West that affect the teaching of medical ethics in Korea. In what follows, I will describe some of these findings and also state what I believe is the most significant challenge for the medical ethics pedagogy that is beginning to emerge in this country.

2. Critical thinking and medical ethics pedagogy in Korea

Because the discipline of medical ethics began in the West, much of the literature in the field is written from a western, and especially North American, perspective. The best evidence of this can be seen in the emphasis that is placed, in so much of the literature, on the principle of autonomy. The idea that the practice of medicine should be carried out in such a way as to maximize, within certain limits, the autonomy of patients seems eminently reasonable to most westerners, for the same idea can be found in virtually all western institutions. It is a basic expression of our democratic ideals that our social and political institutions should be designed in such a way as to provide individuals, within certain limits, with maximum control over their own lives.

In Korea, however, democratic ideals play a less significant role than they do in the West. This is primarily because the history of democracy in Korea is relatively short. It began, in a superficial sense, at the end of World War II, which coincided with the end of the Japanese Occupation of Korea. However, the Korean War, and a series of subsequent military dictatorships retarded the development of democracy by several more decades. It is really only in the last 15 years or so that democratic values have begun to take root in Korea, and, as such, they are not yet woven into the fabric of the country, at least not to the extent that they are in the West. In particular, individual autonomy has not yet surfaced as a dominant social value in Korea. As a result, the emphasis that is placed on the principle of autonomy in the standard medical ethics literature seems odd or excessive to many of the Koreans involved in the emerging

field of medical ethics.

In addition to its western orientation, the standard literature in medical ethics is, for reasons discussed above, heavily influenced by the discipline of philosophy. As a result, it is not uncommon to find this literature loaded with philosophical terminology. Even the material that is written for a general readership often presupposes a familiarity with the main ethical theories in western philosophy, theories such as utilitarianism and deontology. This, quite obviously, can pose a problem for the teaching of medical ethics to medical students, for most medical students have little, if any, knowledge of western philosophy and insufficient time in medical school to acquire such knowledge.

When I first began teaching medical ethics to the pre-medical students at Dangook University, I expected that their lack of philosophical knowledge would be the biggest obstacle. Fortunately, however, I discovered that not all of the literature in medical ethics presupposes familiarity with western philosophy. For several years now I have been using, in my classes, an excellent book called *Doing Right: A Practical Guide to Ethics for Medical Trainees and Physicians*.[1] The author, Philip Hebert, is both a practicing physician as well as a professional philosopher, but his book contains almost no philosophical theory or terminology. Words like "utilitarianism" and "deontology" do not appear anywhere in the book. The philosophical dimension of the book consists, not in the application of philosophical theory, but rather in the careful and principled use of reason in the analysis of medico-ethical problems. So the fact that most medical students in Korea have a little or no knowledge of western philosophy is not a serious obstacle to teaching them medical ethics. Hebert provides us with an excellent example of how the study of medical ethics can, and indeed should, be carried out in a practical and non-theoretical fashion.

Nevertheless, despite its practical orientation, there are certain difficulties involved in using Hebert's book in the Korean classroom, difficulties that reflect some of the significant challenges for medical ethics pedagogy in Korea. In the first chapter of his book, Hebert introduces the three main ethical principles guiding modern medical practice and outlines a decision-making procedure for resolving medico-ethical problems. The procedure advises us to proceed through each of the following seven steps when confronted an ethical problem arising in the practice of medicine:

1. Recognize that a problem exists
2. Precisely identify/describe the nature of the problem
3. Determine the various possible responses to the problem
4. Consider the various options in light of the three ethical principles
5. Decide what is the best solution to the problem
6. Reconsider the decision critically
7. Act on the decision

In the remaining chapters of the book, Hebert demonstrates how this decision-making

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1) Hebert P. Doing Right: A Practical Guide to Ethics for Medical Trainees and Physicians. Toronto, Ontario : Oxford University Press, 1996

procedure can be used in resolving a wide range of ethical issues that arise in medical practice, issues such as those associated with patient confidentiality, the disclosure of information, informed consent, the treatment of minors, and end-of-life decisions. The book is thus an excellent example of how critical thinking skills can be used in resolving the ethical problems that arise in the practice of medicine.

However, the critical thinking methodology that is so admirably illustrated in this book poses challenges for its use in the Korean classroom. For critical thinking pedagogy itself is not a prominent part of the Korean educational system, and the idea of approaching ethical issues from a purely rational point of view can seem odd or alien to Korean students, who are socialized to approach ethical issues on the basis of custom and tradition. We noted above that the principle of autonomy plays a less significant role in Korean culture than it does in the West. Precisely the same thing can be said for critical thinking. Indeed, as I will now try to explain, these two things, individual autonomy and critical thinking, are very much related.

In western European society, the value of individual autonomy can be traced back at least 400 years to the period known as the Enlightenment and to the subsequent democratic revolutions that were very much inspired by the Enlightenment writers. In Korea, on the other hand, the dominant ideology of the last 500 years has been that of Confucianism. According to Francis Fukuyama, the central core of Confucian ethics is the apotheosis of the family, the idea that the family is the social relationship to which all others must subordinate.[2] Duty to the family, in Confucian thought, trumps all other obligations, including those to the Emperor or to Heaven. There is, in traditional Confucian ethics, no source of authority analogous to the Judeo-Christian notion of God that can sanction an individual's revolt against the dictates of his family. Of course, Korea today is a very different place from the Korea of 500, or even 100, years ago, but the effects of this Confucian ideology are still very tangible.

In particular, Koreans students are, to a greater extent than their western counterparts, discouraged from thinking for themselves. Instead, they are encouraged to subordinate themselves to their families, first of all, to their social superiors, secondly, and then to the other groups to which they belong. Indeed, the very idea of "thinking for oneself" connotes a sort of selfishness to many Koreans. Nowhere is this aversion towards individual self-expression more evident than in the education that young Korean students receive in middle school and high school. The main focus of Korea's educational system is the university entrance exam, which is of such great importance in the lives of most Koreans that Michael Breen has recently described it as "the tail that wags the educational dog".[3] But it is an objective-style, multiple-choice exam that allows no room for shades of gray, for disagreement, or for debate. Not surprisingly, the educational system that prepares students for this all-important exam

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2) Fukuyama F. Trust: The Social Virtues and the Creation of Prosperity. New York, N.Y.: Simon and Schuster, 1995 : 85

3) Breen M. The Koreans. London : Orion Business Books, 1998 : 66

does not promote or encourage critical thinking: there is neither the time nor the need for it.

The fact, however, that the Korean educational system does not promote critical thinking in students should not be attributed solely to the university entrance exam. The truth is rather that the university entrance exam and the educational system as a whole both derive from a culture that itself does not highly value individual autonomy or critical thinking. And while I do not myself endorse this educational system that discourages critical thinking and individual self-expression, my purpose here is not to criticize it. Nor do I mean to criticize the culture from which this educational system derives. My purpose is merely to note these differences between Korean and western culture and explain the challenges that these differences pose for the teaching of medical ethics in Korea.

If Hebert's book is a good example of what should be taught in medical ethics, and I believe it is, then medical ethics education should aim to teach students how to use critical thinking skills in responding to the sorts of ethical problems that arise in the practice of medicine. However, when students are socialized in a culture that represses individual autonomy and educated in a system that discourages critical thinking, it is extremely difficult to turn them into critical thinkers simply by meeting them once a week for one or two semesters. The challenge, in fact, is enormous.

By the time students in Korea enter university, they have received some 13 years of objective-style, information-based education. The students who enter medical school then receive another six or seven years of further information-based education. This, then, is what they expect to receive in their classes in medical ethics. But medical ethics education is not about giving information to students, for there is very little information to be given. The substance of medical ethics education consists rather in getting students to think in a certain way, namely, to think critically, carefully, and rationally, about the ethical problems that arise in the practice of medicine.

In the West, the task of leading students to think critically about ethical issues is made easier by the fact that critical thinking pedagogy is a dominant educational model in western society. From kindergarten to university, western students are socialized to think for themselves; indeed, that is what most western educators believe to be the fundamental purpose of education. By the time they reach university, western students are far more comfortable with that style of education. This is not to say or suggest that westerners are great critical thinkers. People everywhere are subject to the same vices of sloppy thinking, which is what critical thinking pedagogy is meant to correct. My point is rather that the underlying approach or fundamental methodology of critical thinking pedagogy is something with which western university students are quite comfortable because of their socialization. It is for this reason, that medical ethics pedagogy is somewhat easier in a western university context than it is in the Korean context.

The first thing that I was struck by when I began teaching medical ethics in Korea is

the extent to which the students operate in a collective atmosphere. Korean students are, much more than their western counterparts, conscious of, and concerned about, what their fellow students think and say. When a Korean student asserts something that runs contrary to the dominant view, that which is held by the majority of students, there is usually a very noticeable and vocal reaction from the group. And if the lone student continues to demonstrate this sort of individual behavior, he or she will likely experience ostracism. So it usually doesn't happen. This group behaviour clearly hinders individual autonomy and critical thinking; instead, it promotes conformity.

Another sort of experience that I have had repeatedly in Korea is of the Christian student, who bases his opinions, not so much on the opinions of his peers, but rather on the Bible. This too is not critical thinking, and it is no criticism of Christianity to point out that medical ethics cannot be based directly on the Bible. The Bible may be an excellent source of spiritual inspiration, but it is not, and was never intended to be, a guidebook for medical ethics. Indeed, on the vast majority of ethical issues that confront the modern practitioner of medicine, the Bible is either ambiguous or completely silent. So it is necessary, even for Christian physicians and medical students, to learn how to think about ethical issues for themselves, rather than looking for answers in the Bible. That is precisely what medical ethics education should teach. It should enable individuals to arrive at their own rational responses to the ethical challenges of medicine.

Religious orthodoxy and peer pressure, both of which are very strong in Korea, are two of the many influences that can prevent Korean students from thinking critically about ethical issues. These two influences are symptoms of a deeper or larger issue concerning the perceived social value of critical thinking within Korean culture. I claimed above that critical thinking and individual autonomy go hand in hand: a given culture tends to value one to the same extent that it values the other. There is no question that there is greater emphasis in the West than in Korea on the value of individual autonomy. The same thing, I believe, can be said about the value of critical thinking. But if critical thinking is an essential part of medical ethics pedagogy, then the primary challenge for medical ethics pedagogy in Korea consists in confronting the cultural forces that obstruct the development of critical thinking skills and the use of those skills in the resolution of ethical problems.

3. Conclusion

The social institutions within any given culture tend to resemble each other in basic structure. Thus, paternalistic models of education and medicine prevailed in Korea's Confucian past, while the democratic nations in the contemporary West have produced models of education and medicine that stress individual autonomy. At this point in time, Korean society is in a period of transition, moving away from the legacy of Confucius, towards a more democratic future. The process of social and political change occurs,

not overnight, but over the course of generations. We cannot expect the educational climate in Korea to change quickly, and so the challenges for medical ethics pedagogy in Korea, the challenges described above, will remain for some time. However, those involved in medical ethics education in Korea need not wait for the rest of society to change in order to create a more favorable educational climate. Instead, medical ethics educators in Korea can, and should, see themselves as being at the forefront of a movement to bring about change, not only to the medical school curriculum, but also to the practice of medicine in Korea, and to the very fabric of Korean society.

Key Words : pedagogy, Korean student, medical ethics education