

From the Editors

When will you begin to live virtuously, Plato asked an old man who was telling him that he was attending a series of lectures on virtue. One must not just speculate for ever; one must one day also think about actual practice.

—Immanuel Kant, *The Philosophical Encyclopedia*

Historians of the future tracking the development of bioethics will note that the debates and arguments that have most engaged bioethicists thus far have been directed toward addressing the dilemmas attending physicians face as they interact with patients in the clinical setting. This is only to be expected, given the circumstances that gave birth to this burgeoning field. The preoccupation with clinical questions has, however, had an unfortunate consequence. Less examined by bioethicists are the significant behind-the-scenes ethical issues generated by, and specific to, the years of undergraduate and postgraduate medical training.

This Special Section explores a range of ethics topics in medical education that affect the lives of trainees as they move from studying medicine to *doing* medicine. Ethical issues permeate the world of medical trainees as they struggle to develop their professional selves. As educators, we owe it to them to be more reflective in recognizing our own shortcomings and sins, both of omission and commission, in failing to meet those needs.

Topics addressed in the following collection of papers include curriculum and socialization challenges, the development of professional values and a sense of professional identity, the role of institutional structures in making career decisions, misuses and abuses in hierarchical relationships, as well as a frank and personal account of the failure of one ethics program, due to circumstances all too familiar

for many bioethicists teaching in medical programs.

In “Conflicting Professional Values in Medical Education,” Coulehan and Williams reflect on professionalism as an ethical issue. The authors view the failure of medical education to encourage certain values and attributes as a moral as well as an educational and social problem. In an accompanying paper with authors McCrary and Belling, “The Best Lack All Conviction: Biomedical Ethics, Professionalism, and Social Responsibility,” they go on to analyze the specific failure of biomedical ethics teaching to guide trainees toward becoming “good doctors” who are skilled in the moral practice of medicine. The authors call for the right environment, sadly lacking in today’s medical education, “to inspire students to become better, more socially responsible physicians” prepared to live lives of moral leadership and excellence.

Rosamond Rhodes and Devra Cohen, in “Understanding, Being, and Doing: Medical Ethics in Medical Education,” take on the challenge of how best to provide students with the tools for navigating the ethically charged terrain of clinical practice. Cutting through the prevailing ambiguity over the design and implementation of ethics in a medical curriculum, they call our attention to a critical, and overlooked, distinction between two concepts of medical ethics. From there they show how philosophy can be used to construct an ethical framework for the medical profession.

In their paper, "The Moral Orientations of Justice and Care among Young Physicians," Self, Jecker, and Baldwin offer the first data reported on the moral orientation of young physicians graduating from medical school before beginning their residency specialty training program—an important effort, given the emerging evidence that moral reasoning and moral development are significantly related to clinical competence and incompetence.

Little has been written about the ethical issues in the medical education process of such "high-stakes games" as specialty selection, residency applications, and matching process that are addressed in the papers by Iserson, Murphy, and Hester. In "Bioethics and Graduate Medical Education: The Great Match," Ken Iserson explores the inadequate and often inappropriate preparation physicians receive in making their most important career decisions. Timothy Murphy, in "Justice in Residency Placement: Is the Match System an Offense to the Values of Medicine?" and Micah Hester, in "What Constitutes a Just Match? A Reply to Murphy," further the debate on ethical issues raised by the current character and function of the National Residency Matching Program—for exam-

ple, whether residency assignments by individual choice or random assignments by lottery would better serve medicine.

As trainees strive to become "team players" their interactions with colleagues are frequent sources of ethical conflicts and quandaries. In "Helping Residents Live at Risk," Alister Browne draws ideas from political philosophy to construct a model to aid healthcare professionals in responding to requests from residents in rehab hospitals and long-term care facilities which they judge, on balance, to be harmful. Lyn Quine's paper, "Workplace Bullying, Psychological Distress, and Job Satisfaction in Junior Doctors," provides empirical evidence to support the need for implementing policies to counteract the disturbingly high levels of mistreatment during training that are a part of many trainees' perceptions and experiences.

As these papers clearly demonstrate, there is a place for more sustained and focused attention by bioethicists on the host of ethical issues generated by medical education and training. Continuing the discussion on the educational needs of trainees, an upcoming issue of *CQ* will be devoted to the concept of "professionalism."