

A New Situation: Philosophy of Education and Medical Education

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Claudia Ruitenberg's essay is a timely call for philosophers of education to think about the kinds of contributions we might make to medical education. Instead of invoking the medical profession as a springboard for thinking about the teaching profession, Ruitenberg urges us to consider medical education as a fruitful site of philosophical engagement in its own right. This is an apt moment to consider the possibilities of these kinds of interdisciplinary alliances. Medical schools and residency programs are being systematically rethought in ways that will make medical training a genuinely educative endeavor. And of course, we know that philosophy of education has joined the ranks of other fields in the humanities in search of alternatives to traditional academic tracks, which in our case has meant positions in schools of education. Job placements aside, Ruitenberg's essay suggests that there is real work to be done in the field of medical education, and that philosophers of education may well be in a good position to help confront the challenges of preparing future doctors.

Ruitenberg's analysis is very carefully situated in relation to recent work within our field. I am going to extend her analysis in two ways. First I am going to situate her call for philosophical engagement with medical education in the broader context of a more general call to humanize medical education, which has now, very interestingly, become a call to "educationalize" the practice of medicine, that is, to make medical practice a thoroughly educational undertaking. Second, I want to say something about the ways in which Ruitenberg's approach to the issues exemplifies the kind of "situated philosophy" posited by Nicholas Burbules as a way of thinking about the nature of philosophical engagement in educational matters.¹ Finally, I will say something about serendipity in relation to situatedness that might encourage us to think more concertedly about "operationalizing" these sorts of new alliances and collaborative endeavors.

Efforts to humanize medical education have been underway at least since the early nineties, in an attempt to counter the process of "traumatic deidealization" that has come to characterize much contemporary medical education.² Some psychological studies suggest that compared with students in other disciplines, medical students become "more cynical and less humanitarian during their education." Medical students report "that many facets of their education starve rather than nourish the ideals that motivated them to study medicine. They cite narrowness, competitiveness, and the anxiety-provoking nature of testing and grading. Students perceive a rift between the ideals professed in codes and covenant statements and what is actually done and rewarded by 'the system.'"³ Institutional pressures on practicing physicians exacerbate the situation.

Medical schools have attempted to address the problem by offering elective courses in the visual arts and literature. Anecdotal evidence suggests that these

courses do help deepen perception, but because they are electives, they are considered peripheral to the real work of medical school.⁴ A medical student blogger for the *Huffington Post* explains that even when students are given the option of pursuing strands in the medical humanities, they opt to do clinical or scientific research because this is what their clinical supervisors will be looking for.⁵ Unless it is infused through the program of study, humanities-oriented coursework attracts the students already predisposed to this way of thinking about medical practice.

A recent report commissioned by the Carnegie Foundation for the Advancement of Teaching, *Educating Physicians: A Call for Reform of Medical School and Residency*, might change this. It appears that in addition to the concern with standardizing professional competencies and assessments thereof, a new educational ideal is being generated. Medical education is no longer to be valued only or even mostly for transmission of clinical skills, but for the more important objective of cultivating the sorts of professional dispositions that will perhaps help regain public trust in the profession, thereby putting it in a position to improve health care services and better serve society. On this view, humanizing the profession is not simply a matter of cultivating empathy for patients through an occasional elective course in the arts or literature (although these are important additions to the curriculum). What is needed is the cultivation of a particular kind of character, the elements of which are embedded in the “essential educational goals” listed in the report. A picture emerges of the physician as life-long learner, inter-professional collaborator, reflective and ethical practitioner, with the kinds of critical thinking skills that will enable them to improve their own clinical practice *and* contribute to the improvement of health care delivery systems more generally. Medical education is on the brink of becoming both a deeply philosophical enterprise and a more educative undertaking. Clearly, this is a good time for philosophers of education to forge alliances with medical educators. The question is how to embark on such collaborations?

Ruitenbergs’ essay provides one way of thinking about this. As I see it, her essay is a very good example of “situated philosophy.” As Burbules explains it, situated philosophy is an alternative to the idea of philosophy of education as an applied field, that is, philosophical concerns applied to education. Situated philosophy is what happens when philosophers of education work alongside practitioners in a field — in this case, medical educators — to explore how the animating concerns and normative ideals of a given practice play out in particular institutional and social contexts. Burbules puts it like this: “You help me to see what is philosophically interesting and important about this matter, and I’ll help you think more philosophically about it; eventually you may not need me at all.”⁶ Ruitenbergs exemplifies this attitude in her discussion of an essay by Sarah Dobson, Stéphane Voyer, and Glenn Regehr on physician competencies. Ruitenbergs pinpoints two areas of thinking about physician competencies that “the authors do not (yet) explore”: insufficient attention to the ways in which competencies are taught, and a lack of attention to the interpretive dimension of competencies, that is, to the practitioner’s rationale for their actions, which gives us insight into facets of competency that may not manifest

as intended in outward behavior. Three things are noteworthy about Ruitenbergs' discussion of these shortcomings: the idea that the authors may well have come to this understanding on their own (that is, they may not need "us" for long ...), but also, the attention to pedagogical considerations. Burbules wants to help non-professional philosophers to think more philosophically about X or Y because he presumes that they are already steeped in the world of practice. Ruitenbergs suggests that medical educators could use some help thinking through the pedagogical dimensions of the new expectations. Herein lies the third noteworthy feature of Ruitenbergs' contribution: the missing pieces of the analysis are drawn from the literature on dispositions and professional competencies in teacher education (a literature on which Ruitenbergs herself has contributed).⁷ In other words, philosophers of education have a knowledge base in addition to a skill set to contribute. This is a very positive way to frame our contribution, and it helps to show how our contribution to medical education differs from the contribution that might be made by our colleagues in educational psychology, evaluation and measurement, or curriculum and instruction.

This last comment no doubt betrays a certain anxiety over "turf," which brings me to my final thought about Ruitenbergs' new project. What prompts these sorts of alliances between philosophers of education and professional schools? Sometimes, the link is formal: physicians in Md/PhD programs might be persuaded to study philosophy of education for the PhD part of their program, with a view to becoming a medical educator.⁸ But more often, these sorts of connections happen by chance: someone stumbles on a published essay, invites the author to speak at their institution, and a relationship builds, whether in the form of a "stint" as a resident educator, or something more long-term. These serendipitous associations are important, and perhaps we can not hope for more than this. Nonetheless, in light of the need to think beyond the world of shrinking positions for philosophers of education in schools of education, and in light of the changes afoot in medical education, we might do well to ask Ruitenbergs to think further with us about some ways in which philosophy of education might be launched into its own potentially supporting role within professional education.

1. Nicholas Burbules, "The Dilemma of Philosophy of Education: 'Relevance' or Critique? Part Two," *Educational Theory* 52, no. 3 (2002): 349–357.

2. Jerald Kay, "Traumatic Deidealization and the Future of Medicine," *Journal of the American Medical Association* 263, no. 4 (1990): 572–573, quoted in William E. Stempsey, "The Quarantine of Philosophy in Medical Education: Why Teaching the Humanities May Not Produce Humane Physicians," *Medicine, Health Care and Philosophy* 2, no. 1 (1999): 3–9.

3. Stempsey, "Quarantine of Philosophy," referring to a study by L.M. Kopelman, "Cynicism among medical students," *Journal of the American Medical Association* 250 (1983): 2006–2010.

4. Randy Kennedy, "At Some Medical Schools, Humanities Joins the Curriculum," *New York Times*, April 17, 2006, <http://www.nytimes.com/2006/04/17/arts/design/17sina.html>.

5. Jennifer Adaeze Anyaegbunam, "Medical Humanities: Extracurricular Activity or Critical Curricular Component?," *Huffington Post College Blog*, March 29, 2012, http://www.huffingtonpost.com/jennifer-adaeze-anyaegbunam/medical-humanities_b_1388246.html.

6. Burbules, "Dilemma of Philosophy of Education," 354.
7. Claudia Ruitenberg, "The Trouble with Dispositions: A Critical Examination of Personal Beliefs, Professional Commitments and Actual Conduct in Teacher Education," *Ethics and Education* 6, no. 1 (2011): 41–52.
8. Benjamin Levi, a classmate of mine at the University of Illinois at Urbana-Champaign, went this route. He has since published a book based on his dissertation, *Respecting Patient Autonomy* (Urbana, IL: University of Illinois Press, 1999). The book is noteworthy for its attention to the "cultivation of educationally minded practitioners" within the field of bioethics (4).