

Teaching Medical Students Social Responsibility: The Right Thing to Do

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ABSTRACT

As academic medicine has become more focused on the economic pressures of the marketplace, some educators have expressed concern about whether appropriate attention is being given to the character development and moral education of medical students. The authors conclude that medical schools do indeed have a duty to teach their medical students to be socially responsible. They define a socially responsible individual as a person who takes part in activities that contribute to the happiness, health, and prosperity of a community and its members. They suggest that medical students should participate in carefully designed, socially responsible activities in order to (1) practice and have reinforced such qualities as reliability, trustworthiness, dependability, altruism, and compassion; (2) partially reimburse society for the cost of

their medical education; (3) increase their exposure to a population-based approach to health care; and (4) help medical schools fulfill their social contract with the public.

The authors outline the process for developing a curriculum to teach social responsibility to medical students and list some of the key questions faculty and administrators must address in the processes of development and implementation. They conclude that while faculty responsible for implementing a curriculum in social responsibility must be highly committed and prepared to address numerous difficult questions concerning the curriculum's philosophy, structure, and function, the potential benefits of such a curriculum are well worth the effort.

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Life is the acceptance of responsibilities or their evasion; it is a business of meeting obligations or avoiding them. To every man the choice is continually being offered, and by the manner of his choosing you may fairly measure him.—BEN AMES WILLIAMS, *Thoughts on Leadership*, Forbes Leadership Library

In recent years, the medical profession has been under tremendous pressure to become more attuned to the new realities of the medical marketplace¹ and to demonstrate the effectiveness, efficiency, and relevance to societal priorities of its educational and clinical programs.²

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Many academic institutions have been forced to become more businesslike in their operations and to make difficult decisions about how they apportion and spend scarce resources. Clinical, educational, and research programs alike are being required to do more with the same or reduced budgets.^{3,4}

As academic medicine becomes more concerned with profit margins and the bottom line, some educators fear that the profession will lose sight of its fundamental purposes and values.⁵ As James Thompson notes, "The tasks that those of us who are physicians now face—especially those of us in academic medicine—transcend mere economic pressures."⁶ Thompson goes on to point out that three moral imperatives must always guide how we practice and teach medicine: a foremost concern for our patients' health and well-being; an awareness of the emotional and spiritual needs of our patients; and a commitment to instilling in students the discipline, passion, and skills they will need to meet their professional obligations.⁶

Delese Wear also calls for more attention to be given "to the moral sensibilities of medical students, to their interper-

sonal, affective dimensions . . . to their characters.”⁷ She writes:

Our current professional development efforts cannot accomplish what we agree is needed as long as we concentrate on the individual quest of students as they move through a medical education process that says it values compassion, reflectiveness, social responsibility, autonomy, and diversity but all the while is rewarding and sustaining practices based on competition, hierarchies of authority, fixed spheres of practice, bottom-line thinking, and economic privilege.⁷

The Association of American Medical Colleges (AAMC) recognizes the vital importance of understanding and nurturing the social contract between medical schools and the public.⁸ As part of its Advisory Panel on the Mission and Organization of Medical Schools, the AAMC established the Working Group on Fulfilling the Social Contract to examine “the roles and responsibilities involved in the social contract between academic medicine (in particular, medical schools) and the various interested communities and constituencies.”⁸ The Working Group concluded that, by accepting benefits from society, medical schools enter into an implicit contract to work with the larger society for the public good, and that this obligation is best carried out by educating students “in a manner that instills appropriate professional attitudes, values, and skills.”⁸

If medical schools do indeed have a social responsibility that is best met through the education of their students, then it follows implicitly that medical schools also have a duty to teach their medical students to be socially responsible. But just what do we mean by social responsibility? And how—and why—can we teach our medical students to be socially responsible?

WHAT IS SOCIAL RESPONSIBILITY?

The first step in any discussion about teaching medical students to be socially responsible is to define what we mean by “social responsibility.” As Abraham Lincoln once said, “If we could first know where we are, and whither we are tending, we could then better judge what to do and how to do it.”⁹

“Social responsibility” and “socially responsible” have become common terms in both the world of social activism and the world of business (e.g., “socially responsible investing”). There is even a group called Physicians for Social Responsibility that has taken an activist role in such issues as nuclear disarmament and animal rights. The increasing use of these terms does not mean, however, that they have clearly understood definitions.

In attempting to define social responsibility for our own purposes (and feeling that the most general definition would

be the most useful), we turned to the dictionary for help. The Merriam–Webster Dictionary¹⁰ offers the following definitions (with our emphases added) of the words “social” and “responsibility”:

social: of or relating to . . . *improvement in the health of society and its members*

responsibility: *the quality or state of being fit to be trusted, worthy of confidence, and dependable*

Putting the above definitions of “social” and “responsibility” together yields our recommended definition of “social responsibility”: *the state of being fit to be trusted, worthy of confidence, and dependable for the improvement of the health of society and its members.* Thus, a socially responsible individual is a person who promotes a healthy society. While this is somewhat helpful, it still leaves us with the task of understanding what we mean by a “healthy society” and what a socially responsible individual might do to promote it. Again, the Merriam–Webster Dictionary’s definitions of “healthy” and “society” offer guidance:

healthy: *to employ activities that contribute to happiness, health, and prosperity*

society: *a part of a community bound together by common interests and standards*

Putting the above definitions of “healthy” and “society” together yields our recommended definition of a “healthy society”: *a community that employs activities that contribute to the happiness, health, and prosperity of its members.* It logically follows, therefore, that a “socially responsible individual” is *a person who takes part in activities that contribute to the happiness, health, and prosperity of a community and its members.*

It is important for us to state at this point that we maintain several underlying assumptions about social responsibility. First, we believe that the happiness, health, and prosperity of a community and its members can indeed be assessed and improved. Unless this is true, there is obviously little point in proceeding with our discussion or, for that matter, with anything else pertaining to medical education. Second, we believe that greater social responsibility is demonstrated by activities that result in greater improvements in the happiness, health, and prosperity of a community and its members. This belief provides the underlying rationale for focusing a great deal of effort on the most medically underserved patients and communities. Finally, we believe that assessing and improving the happiness, health, and prosperity of a community and its members can be achieved only if the community and its members themselves are involved in the process. These are not activities that can or should

be done by medical educators and students without the citizens' approval and involvement from the beginning.

WHY SHOULD MEDICAL STUDENTS BE TAUGHT TO BE SOCIALLY RESPONSIBLE?

Socrates is reported to have said that "the shortest and surest way to live with honor in the world is to be in reality what we would appear to be; all human virtues increase and strengthen themselves by the practice and experience of them."¹¹ If Socrates is correct, and we believe that he is, perhaps the best reason for physicians to be socially responsible and to take part in activities that contribute to the happiness, health, and prosperity of their communities is that their participation in those activities might well reinforce many of the characteristics most medical educators and citizens alike seem to value in physicians.¹² The hope would be that by participating in carefully designed, socially responsible activities medical students would develop or have reinforced such qualities as reliability, trustworthiness, dependability, altruism, and compassion.

If reinforcing valued personal and professional characteristics is not an adequate rationale for supporting medical students' involvement in socially responsible activities, there are also more pragmatic reasons. Since the cost of medical education is far greater than the tuition medical students pay,¹³ it can be argued that they owe a significant debt to society at the time of their graduation. Participation in socially responsible activities that contribute to the happiness, health, and prosperity of less fortunate citizens could be viewed as partial payment of that debt. In addition, assuming a measure of responsibility for the welfare of their communities also is consistent with a population-based approach to health care that many medical educators believe should be a major component of medical school curricula.¹⁴ Finally, of course, the participation of medical students in socially responsible activities addresses directly the previously discussed social contract between medical schools and the larger society.⁸

DEVELOPING CURRICULA IN SOCIAL RESPONSIBILITY

If there are indeed strong reasons to support teaching medical students social responsibility, how should such a curriculum be designed? We believe it must be based on at least two fundamental principles. First, it must involve medical students in activities and programs that are concerned with more than just individual patients. We agree with Kenneth Berns, who has stated: "Essentially the goal of medical education must now be to turn out Renaissance physicians—individuals capable of addressing patients' needs from the level of their molecules to the level of their participation in

society."¹⁵ Such a physician must understand not only his or her individual patients but also the needs of the society to which they belong.

Second, if a curriculum to teach medical students social responsibility is to be credible, it must be organized like all other important components of the medical education program. It must have specific educational objectives, adequate means to fulfill those objectives, and evaluation mechanisms to ensure that the objectives are actually attained.¹² In the remainder of this section we discuss these issues in greater detail (space limitations mandate only a brief consideration of selected aspects of each issue).

Educational Objectives

A curriculum to teach responsibility must be based on specific desired knowledge, skills, and attitudes. In many ways, this is the most difficult step in the design of any curriculum because it requires faculty to spell out in detail their basic expectations of students. This usually also entails a process of rather intense faculty discussion and debate concerning just what should be the minimum objectives necessary to accomplish the overall goal of the curriculum. For example, in developing a curriculum in social responsibility, the overarching goal is to produce socially responsible physicians, not individuals who are totally knowledgeable and skilled in each and every aspect of social responsibility. This fact must be kept constantly in mind by the faculty who outline the educational objectives for the curriculum. They must ask themselves again and again whether or not a recommended educational objective must be a requirement for all medical students. If approached in this manner, the result will be a curriculum with the minimum educational objectives that faculty believe are necessary to accomplish its goal. In medical education curricula already crammed with content, this is the only practical approach. It should also be clear that different groups of faculty in different medical schools might well arrive at different basic educational objectives for a curriculum to teach social responsibility. This is consistent with what occurs in other parts of the medical education program. It ensures a rich and varied approach to education about social responsibility, and it should be viewed as a strength and not a problem.¹²

The Means to Fulfill Objectives

Once the educational objectives of a curriculum to teach social responsibility have been defined, the attention of the faculty responsible for the curriculum should turn to the means to fulfill those objectives. At a minimum, fulfilling educational objectives requires receptive medical students with the potential to learn the curriculum and an appropri-

ate combination of didactics, learning experiences, and adequate faculty supervision.

While ensuring that medical students have the potential to learn the curriculum has obvious implications for the medical school admission process, we also believe that most medical students will take their lead from the faculty. No curriculum to teach social responsibility will be successful without a cadre of interested and knowledgeable faculty of stature and influence who are dedicated to their task. In some medical schools, a concerted faculty development program might well be necessary in order to obtain adequate numbers of faculty with the requisite abilities to implement the curriculum.

The didactics as well as the student experiences that are included in the curriculum will be determined both by the specific educational objectives and by the opportunities that exist in the local community. A range of potential activities in health and social agencies will surely be available in most communities. Patients and other community members might be of great help in designing and implementing these activities. It will be important for the faculty responsible for the curriculum to match specific didactics and learning experiences to relevant educational objectives and to make sure that students and their faculty supervisors understand and discuss these connections.

Program administrators and faculty will also need to decide whether the curriculum to teach social responsibility will be elective or required and whether it will be a single course offered during a particular year or a longitudinal curriculum. Given the acknowledged importance of this issue, we favor a required curriculum that extends over all four years of medical school and perhaps even into residency training.

Evaluation Mechanisms

No credible curriculum to teach social responsibility will be complete without carefully designed evaluation mechanisms. Evaluation of a social responsibility curriculum, like evaluation of all educational programs, must be a two-way process. Faculty must evaluate the medical students' progress toward fulfilling the specific educational objectives and students must evaluate the quality of the curriculum's didactics and experiences as well as faculty supervision. In addition, this special educational program must also provide those patients and other community members who interact with the medical students opportunities to give feedback about the program itself as well as about the students' performances.

IMPORTANT QUESTIONS

It should be clear from our previous comments that anyone contemplating the implementation of a curriculum to teach

medical students social responsibility has a large task ahead, and must be prepared to address at least the following questions:

- Does the faculty really believe it is important to teach medical students social responsibility?
- Is a curriculum to teach social responsibility to be given equal standing with the other components of the medical education program?
- By what process should the educational objectives of the curriculum be developed?
- How can medical schools identify applicants who will be receptive to the curriculum? (This is particularly important if the curriculum is incorporated longitudinally through all four years.)
- What didactics and seminars will be taught as part of the curriculum?
- What types of learning experiences are best suited to help medical students achieve the curriculum's educational objectives?
- How can faculty be identified and trained to teach, supervise, and mentor medical students in the curriculum?
- What evaluation mechanisms are to be used for the students, the program, and the faculty?

While similar questions must be answered before the implementation of any new curriculum, they become especially important when the subject matter might be perceived as "soft" when compared with the "hard" nature of the regular medical school courses (e.g., biochemistry, surgery).

CONCLUSIONS

We agree with Thompson,⁶ Wear,⁷ and others who believe that more attention needs to be given to the character development and moral education of medical students. We also agree with the AAMC Working Group on Fulfilling the Social Contract⁸ that medical schools have a special duty to teach their medical students to be socially responsible. Like Cohen,¹² we believe that the process of teaching social responsibility can be one way to model and reinforce desired medical student characteristics. To be credible and effective, however, any curriculum to teach social responsibility must be carefully designed. Faculty responsible for the curriculum must be committed and prepared to address numerous difficult questions concerning its philosophy, structure, and function. The AAMC Working Group on Fulfilling the Social Contract provides perhaps the best rationale for all the time and effort required to implement an effective curriculum in social responsibility:

All of us who are academic leaders should consider our stakeholders' interests . . . not because of the privileges and

advantages that may follow, and not because we are likely to be better served or treated if we do. We should do this because as academicians we are mentors; as leaders we are role models; as institutions we are community resources. And we should do it because it's the right thing to do.⁸

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