

Reconstructing a lost tradition: the philosophy of medical education in an age of reform

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CONTEXT At the 100th anniversary of Abraham Flexner's landmark report on medical education, critical reassessment of the direction of medical education reform evinced valuable interdisciplinary contributions from biomedicine, sociology, psychology and education theory. However, to date, philosophy has been absent from the discussion despite its long standing contribution to studies on education in other professions.

METHODS This discussion paper examines how the philosophical tradition can contribute to scholarship in medical education. It begins with an explanation of the scholarly tradition of philosophy of education and its role in thinking in education more generally. It then makes links between this tradition and the

context of medical education in the Flexner era of education reform. The paper then argues that this tradition is necessary to the understanding of medical education reform post-Flexner and that doctors must benefit from an education derived from this tradition in order to be able to carry out their work.

DISCUSSION These foundations are characterised as a hidden, but always present, tradition in medical education. Two ways in which this 'lost tradition' can inform medical education theory and practice are identified: firstly, by the establishment of a public canon of medical education texts that express such a tradition, and, secondly, by the incorporation of a variety of 'signature pedagogies' exemplary of liberal education.

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 INTRODUCTION

The 100th anniversary of Abraham Flexner's 1910 report on medical education¹ served as an opportune time to focus on and synthesise the many and various initiatives in medical education reform. Much scholarship arising from discussion on Flexner's legacy has evinced meaningful growth in interdisciplinary collaboration in medical education. Yet, although the contributions made to recent discourse on post-Flexner reform have represented the disciplines of biomedical science, education theory, sociology and psychology, philosophy has for the most part been absent from the discussion. This is surprising because philosophers have had a long standing engagement with education theory, research and practice.²⁻⁶ Moreover, there are a great many philosophically interesting developments in the nature, scope and purpose of medical education as it undergoes critical reassessment and reform. This paper attempts to demonstrate how the philosophical tradition's ongoing reflection on education theory, practice and research can contribute to scholarship in medical education.

I will develop the argument as follows. Firstly, I will explain the conceptual foundations of the scholarly tradition of philosophy of education and its role in thinking in education more generally. Secondly, I will identify these conceptual foundations in the context of medical education in the Flexner era of education reform. Thirdly, I will argue for the necessity of such conceptual foundations for understanding medical education reform post-Flexner. Fourthly, I will characterise these foundations as a hidden, but always present, tradition in medical education. Finally, I will identify the extent to which this 'lost tradition' can inform medical education theory and practice.

 THE EDUCATED DOCTOR AND THE TRAINED DOCTOR

A philosophical perspective can arrive at sustained reflection on education from many directions. I say 'arrive at' because education is often a theme that cannot but be encountered on the way to addressing other philosophical issues. Moral philosophers who are interested in ethics, for example, must address how one can *come* to be ethical or good, if one can *learn* to be ethical and if moral principles can actually be taught.

However, education can be the focus of philosophical reflection in its own right. Philosophers engaged in

this kind of reflection typically do not seek to develop an 'education philosophy' in a subjective sense in which they might assert that '...this is my approach to teaching'. They are interested, broadly speaking, in examining the conditions, nature, scope and justification of those values, policies, actions, judgements and practices that are deemed educationally worthwhile. Is there a difference, for example, in training people to act according to ethical principles, and educating them in the understanding of ethical principles?

It is this broader and more abstract inquiry that has led some philosophers to examine the concept of education. Rather than rely on a vaguely accepted consensus on what education ought to and can be, such inquiry must start with the question: 'What does it mean to be an educated person?'⁷ The question is asked in neither a purely descriptive nor an exclusionary sense. We are not looking for a list of preferred attributes that might identify an elevated stratum of society called 'the educated'. The question is a normative one: it seeks to establish the criteria, standards and nature of any process that is legitimately educational. In the context of medical education, we can put this philosophical question somewhat differently: if we are going to take responsibility for the education of persons who are to become doctors, what do we owe these persons?

I make these broad conceptual points about the role of philosophy because Abraham Flexner was himself a philosopher of education. His ongoing work was very much defined by the question: 'What does it mean to be an educated person *who is also a doctor*?' In this way, Flexner emphasised the idea that an individual is educated as a doctor as opposed to merely trained as one. Consider that philosophers of education often make a distinction between merely knowing *how* to do something versus *understanding* what it is they are being asked to do. Flexner argued that without education for understanding, doctors would not be able to recognise the meaning, value and significance of the professional tradition to which they belonged. Such recognition is necessary in order for doctors to carry out their work with care, wisdom, respect and ethical awareness, all of which are attributes that should be seen as constitutive of good practice rather than as character traits.⁸

Accordingly, Flexner recognised that medical education needs to be informed by a self-reflexive understanding of the principles and values implicit in the very process of educating persons to become doctors.

His articulation of such an educational and *philosophical* ideal in his landmark report⁸ resulted in nothing less than a wholesale dismantling and reconstruction of medical education into the regulated and standardised form seen today in Canada and the USA.

The educated person as doctor post-Flexner

It is true that this philosophical conception of the educated doctor was once seen as orthodox and represented something of a unified vision. For Flexner, an 'educated doctor' was an individual who experienced a mastery of scientific concepts, values and principles and could apply such an understanding to his or her practice.

Although recent discourse on Flexner's legacy has rightly reaffirmed the conception of the medical practitioner as grounded in clinical science,⁹ there is also growing recognition that such a conception is insufficient as a singular ideal of education. In this respect, Flexner's education philosophy reflects a particular set of assumptions about the nature of medical work, its value and basic aims that do not meet the needs of patients. Accordingly, professional bodies such as the Carnegie Foundation have recently called for a more comprehensive focus in medical education on themes such as professional identity, acknowledging that medical education that focuses entirely on scientific knowledge is insufficient in this respect.¹⁰ Accordingly, the doctor should indeed inherit a series of meanings and values regarding the professional tradition to which he or she belongs, just as Flexner originally argued. However, such a tradition should be more fully realised in the education process in such a way that doctors understand themselves as more than scientific experts. (We can see the practical and policy parallels with this in recent efforts in medical education reform, such as the CanMEDS framework.)

MEDICAL EDUCATION AND THE HUMANITIES AS A 'CORRECTIVE'

The predominant critique of medical education seems to be grounded in the notion that the ideal of the doctor as scientist is insufficient for addressing the non-technical and humanistic dimension of medicine. Accordingly, there is an ongoing increase in emphasis on the critical role of the humanities in medical education as a means to education reform.^{11,12} One of the central objectives of this shift is to expand the professional formation of doctors

beyond apprenticeship and training and to 'humanise' medical practice via engagement with the ideals of liberal education. Liberal education is an education grounded in human values, such as respect for persons, self-understanding and a broad understanding of the world.^{13,14} For example, one of the key challenges facing medical schools is that of enabling students to work in an increasingly multicultural society. Accordingly, engagement with literary and philosophical works that convey the experiences of the patient is seen by some as an effective means for developing an ability to understand the health care experience from the perspectives of patients from a variety of cultural backgrounds.¹⁵

Yet, this critique appears to view the humanities as a kind of educational 'corrective' designed to address the shortcomings of an educated doctor dominated by or constituted through biomedical values. Attempts to implement a humanistic corrective are often distorted by a misunderstanding of both their educational ends and appropriate means of education in the humanities.^{16,17} However, I think it is shortsighted to attribute such challenges to the influence of a scientific paradigm alone. Much turns on the perceived place of humanities education in the education of doctors. I think that if we regard the humanities primarily as a corrective to the excesses of medical practice, we commit to the view that the values and principles characteristic of such education are somehow external to the medical education process, and that a sound understanding of humanistic themes is not really part of what it *means* to be an educated doctor. The notion of an educated person who is also a doctor remains primarily one of someone who is initiated into scientific principle. The suggestion that humanistic themes should be built in after the fact of a scientific education represents a practical solution arising from the institutional challenges of modern medical care, not a comment on the worth and value of the humanities from within the medical perspective. William Stempsey¹⁸ excellently characterises the mistake as a 'quarantine of the humanities'.

I think that in the absence of some common conceptual grounding or philosophical framework, this 'therapeutic' approach to addressing perceived shortcomings in modern medical education will remain the default position in critical reassessment and reform and the medical education community will consequently continue to have trouble in developing and justifying effective policy reforms. Just as Flexner's reforms were supported by a philosophically informed, coherent and substantive conception

of an educational ideal that would support the formation of doctors in his era, it now appears that we need a clear philosophical account of how and why humanistic values should be included in our conception of the educated person as a doctor. However, such a conception both presupposes a substantive and highly complex philosophy of education that has yet to be critically examined or reflected in terms of curricular reform, pedagogy and policy, and needs to be embedded in our conception of what it means to be an educated doctor; otherwise, the humanities risk being applied in ways that do not give proper credit to their educational value.

TOWARD A PHILOSOPHY OF MEDICAL EDUCATION

From where can we draw conceptual resources sufficient for developing such an account? I suggest that the modern tradition of a liberal philosophy of education might serve us well. I also contend that these resources can help to define the philosophical rationale we need for future education reform.

Liberal philosophy of education gained significant prominence in moral, political and education philosophy throughout the 20th century. Philosophers such as Michael Oakeshott, R S Peters and Paul Hirst all cogently argued for the crucial role that an initiation into the values, forms of knowledge and processes of inquiry definitive of the sciences, arts and humanities can play in preserving human values in the face of increasing complexity and anonymity in modern life. Of particular interest here is Oakeshott. In the Oakeshottian tradition, liberal education initiates pupils into 'an intellectual, imaginative, moral and emotional inheritance'.¹⁴ As Oakeshott himself put it:

'[W]hether we are concerned with the relatively simple or (like ours) an exceedingly complex civilization, whether we are concerned with a small or a large part of it, and whether we are concerned with practical skills, with moral conduct or with large intellectual enterprises (like philosophy or science), teaching and learning always relate to an historic inheritance of human achievement and what is to be handed on and learned, known and understood, are thoughts and various "expressions" of thoughts.'¹³

Note that for Oakeshott, education represents a type of initiation into a shared tradition or inheritance that can never be properly understood as a kind of corrective or therapeutic process. Any process with educational worth involves an initiation into values

that are intrinsic to the tradition concerned. Thus, for Oakeshott, the medical educator must ask: What are the historic achievements of medicine and, given such achievements, what then does it mean to say that one is an educated doctor?

All of this is centred on the idea that the learning process for any professional practice requires input from foundational disciplines and forms of understanding in order for individuals who work within that practice to actually carry out their enterprise. Teaching, for example, is not really reducible to any kind of narrow algorithm or objectives. Modern education policies may endeavour to shape teaching in this way, but this isn't really teaching. To carry out their work, teachers need to understand the unique ways in which sociological, psychological and philosophical dimensions contribute to their practice if they are to be able to do what they are tasked with doing. Consider a teacher who knows nothing about adolescent psychology, for example. Not only does he or she lack needed insight into the adolescent psychological perspective as it directly impacts on the learning environment, but the teacher fails to grasp the basic problems with which psychology tries to contend in order to promote an understanding of why and to what extent such problems assert an influence on the practice of teaching from the very start. From this perspective, liberal education ensures that teacher candidates experience the fundamental problems and forms of inquiry characteristic of those disciplines in a way relevant to teacher practice. Only in this liberal way can teachers really take a broad enough view of their work to enact their professional tradition as something more than a set of highly mechanised tasks. Note also that this means we would be mistaken to expect that prior undergraduate training in the humanities is sufficient in such an educational undertaking; students need to see how the disciplines make a constitutive contribution to teacher practice, rather than perceiving a disembodied cluster of theoretical knowledge to be applied as something apart from such practice.

Much the same is at stake in medical education: if medicine represents a humane practice and something more than technical mastery, as recent efforts at reform have emphasised, the education process must be informed by a similarly robust liberal pedagogy. I therefore defend the thesis that we can and must adopt a liberal medical philosophy of education that can be effectively applied to the development of a more comprehensive pedagogy for medical education.

The return to Flexner: reconstructing a lost tradition in medical education

With this philosophical account, we can reinterpret today's critique of medical education in the following broad terms: medical education has devolved to focus on what it means to be *trained* as a doctor, or to be trained to be able to do the work doctors need to do. By this, I mean that despite Flexner's focus on education for understanding, our initiatives have focused on the technical aspects of the doctor role. What is the difference between an educated person who practises medicine and someone who has simply been trained to do what a doctor appears to do? There is an important difference: the former addresses medical practice at a level of understanding the latter does not have. This understanding needs to be made more explicit in our efforts in education reform if we want to reinstate or reinforce the human dimensions of the practice.

There are clear stakes involved in such a project. Again, a comparison with teacher education is warranted. As in medicine, teaching's human task is fundamental to the maintenance of a just society. Yet, teaching has also experienced a difficult transition in the shift to modernity. In response to the rise in state-sponsored school systems, nationalisation and standardisation of curricula, critical research tools derived from moral and political philosophy and social theory have contributed to a developing understanding and rehabilitation of the teaching profession. Key works have entered the professional discourse on teaching in ways that have served to preserve teaching's ethical and humanistic foundation.^{19–21} This reflects a long standing dialogue between teacher education and a liberal philosophical approach that has remained an integral part of teacher preparation. Partly as a result of a focus on a narrow interpretation of the Flexner ideal, a similar relationship has yet to fully form in the context of medical education. This has contributed to the underdevelopment of education scholarship focused on developing a consistent and overarching perspective on the medical tradition. The development of such a perspective might produce a better understanding of the role human values play in modern medical practice. Understanding of this role can, in turn, advance our ability to develop appropriate and effective curricula for the preparation of future doctors.

I have, until this point, written as if the humanistic tradition of modern medical education is something we have come to realise only as the insufficiency of scientific training has become more salient to us. This

is not entirely true. Liberal philosophy of education is not quite novel to medical education. Rather, a distinctive, if somewhat underdeveloped, liberal philosophy of education was fundamental to Abraham Flexner's own vision. Marc Zelenka's reconstruction of Flexner's philosophy shows, for example, that both liberal humanistic education and scientific education are necessary to the development of any educated doctor.²² Flexner was well aware that the application of scientific knowledge presupposes a set of human values that govern the application of such knowledge.²² In other words, medical decision making requires a broad liberal understanding of the context of practice that, as in teaching, involves experience in fundamental problems and forms of disciplinary inquiry in ways relevant to medical practice. Without a liberal understanding of the tradition, the would-be doctor is in no position to rationally apply technical knowledge. As Zelenka puts it:

'Whether in discussion of his general philosophy of education or in more specific recommendation for the reconstruction of medical education, Flexner's rationale for the inclusion of humanistic elements achieves that which science cannot, the establishment of worth and value.'²²

The idea that a person must be educated to a certain level of understanding in order to make well-informed decisions in the context of his or her practice is very much indebted to a modern liberal philosophical perspective and evinces a tradition that can be traced back to the founding of contemporary medical education itself. It seems to me that this tradition is worth returning to and expanding upon in our efforts to advance medical education reform, not as a means to 'correct' the excesses of a medical education ideal, but to fulfil its true potential as a tradition and inheritance in the Oakeshottian sense. Our modern emphasis on continuous advancement in the acquisition of specialised scientific knowledge may have resulted in the neglect of this tradition, but the challenges posed by today's complex and evolving health care systems demonstrate that it remains a crucial part of medical education. Accordingly, our task in moving forward in the present century is to reconstruct what is best understood as a lost tradition in medical education.

IMPLICATIONS FOR POLICY AND PRACTICE IN MEDICAL EDUCATION

It is clear that philosophers working in the sphere of education are concerned with the nature, scope and

justifiability of values and the ways in which those values should inform education processes. Liberal education sets out a framework of value through which medical education can be understood as a practice representing a particular tradition of educational values. In this respect, such a project sets the stage for the development of an overarching understanding of the direction and purposes of medical education reform from a normative standpoint. Yet, the ways in which such values are conceived and applied in the form of specific teaching strategies and policies need to be subjected to further study. Values cannot exist *as* values in the abstract alone. If the values of liberal education are to be applied to medical education, part of this application will require a clear understanding of the ways in which such values can be meaningfully incorporated into the structures of our existing institutions and the degree to which such institutions can be reasonably expected to change in response to such values. It is at this stage of the argument that the philosopher must hand over the discussion to practitioners and social scientists who are able to supplement a liberal approach with empirical insight.

However, we can identify at least two ways in which the application of a liberal philosophy of education might impact on policy and practice in a manner that facilitates effective reform. The first way is cultural. The second is pedagogical.

Firstly, it would be naïve to think that the teaching of disciplines, especially those situated in the humanities, will effect a direct psychological change in individual medical students. However, my earlier comments on the role of a public canon of texts in teacher education are germane here. What I mean to suggest is that the development of a similar canon can effect a broader change, at a cultural level, in terms of how medical students come to understand the practice they seek to take part in. We could think of this as something akin to a positive use of the hidden curriculum. It seems to me that a medical school in which discussion in the classroom of the history, sociology, philosophy and science and psychology of medical practice is seen as a normal and constitutive part of the education process can exert a powerful influence on our self-understanding and can take us much further in developing the types of reform envisioned by the Carnegie Foundation and others (as important as such changes might be). Such a culture would serve as a needed supplement to policy statements and teaching frameworks, important though such statements and frameworks may be

Secondly, in addition to being informed by a particular philosophical account of knowledge, values and value judgement, a liberal philosophy of education is characterised by a diversity of pedagogical approaches and ways of developing understanding. This is because a liberal approach must incorporate signature pedagogies that are native to the various disciplines it aims to impart.^{23,24} Philosophy, to take but one example, emphasises a pedagogical tradition of deliberation. Accordingly, the incorporation of these signature pedagogies through a liberal framework also provides a cogent rationale for introducing approaches to teaching and learning that are distinct from the teaching approaches that are often seen as generic in medical education. Taken together, these two initiatives can do much to bring Flexner's original vision of the educated doctor to fruition.

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