

Medical students' attitudes concerning medical ethics courses in AL-Kindy medical college 2013-2014

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ABSTRACT

Background: In Medical ethics education, improving medical student's attitudes toward respecting the right of patients is an essential task. The medical students' attitude has been affected by social, educational and personality background factors.

Objective: To investigate medical student's attitudes regarding medical ethics courses.

Method: The study was conducted in Al-Kindy College of Medicine on academic year (2013 -2014) for the period from January to September. A cross- sectional study design was adopted with a self- administered questionnaire form distributed to medical students in the 5th-6th under graduate grades. The questionnaire consisted of 31 items relevant to student's opinion about attitudes concerning ethics courses.

Result: Out of overall 113 students 90(78.1%) responded, the majority 88.9% considered medical ethics teaching for medical students an important issue, and 85.5% had general interest in learning more about medical ethics. However, about 84.4% agreed that medical ethics teaching would influence the attitudes and behaviors of doctors, and improve

patient doctor relationship, but about 65.6% of students were confident with their ability to recognize significant ethical problems in clinical practice. Only 46.7% knew how to proceed when a patient is mentally incompetent.

Conclusion: Medical students have positive knowledge and attitude about the medical ethics teaching, but they may not be adequately prepared to meet the challenges of clinical practice. There should be incorporation of creative and integrated ethics curriculum to start in the first medical grade, with emphasis on ethical aspect of daily medical practice.

Key words: Attitudes, Ethics, Teaching, Assessment, Medical students.

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The World Health Organization (WHO) recommended that medical ethics curriculum should build in the student knowledge, skills and attitudes, the important educational materials to guide their conduct and decision making as practicing doctors¹.

Globally there was a great emphasis on medical ethics (MEs) which has been subjected to scientific and clinical teaching²⁻⁵. In 1999, The World Medical Association "strongly recommended" to medical schools all over the world that teaching MEs and human rights should be compulsory in their curricula⁶. There is a consensus that students need to develop and use "moral compasses"⁷ to cope with real ethical and moral dilemmas that they face from their earliest training, and there is agreement that the students themselves can usefully generate the issues to be explored from their own growing exposure and experience⁸⁻¹¹.

As students' progress, and become clinically experienced, the use of case based scenarios that they can analyze from a combination of their existing knowledge of principles and philosophies together with their own experience is recommended¹²⁻¹³. There is no doubt that teaching MEs will sensitize students and increase their awareness about the importance of human side of medicine, and provide the students with relevant tool to recognize and analyze ethical challenges arising in clinical practice,^{3,14} which relates not only to curriculum content and delivery but also appropriate assessment¹⁵. Yet, there has been many of goals set and methods used in MEs education. In general there is no single best model for MEs education.¹⁶

Medical ethics together with the basis of professional behavior are given to the medical students in Al-Kindy medical college, in form of formal lectures by the academics of the Department Community Medicine and teaching language used is English. The topic of MEs was included in

the curriculum of AL-Kindy Medical College in 2002. Assessment of the student's on Al-Kindy medical college knowledge included two examinations, midyear and final. The examinations included short essays and problem solving questions.

Nevertheless, students reaction, views and insight are important to ensure delivery of a curriculum that of interest and relevance to them¹⁵. Thus on others previous studies indicated that medical students are not totally satisfied with a purely technical scientific medical education, thus focused on the art of medicine, which would include clinical judgment, practical wisdom, and moral sensitivity^{3,16}. It is essential to ensure that students attain the minimum knowledge base required for an appropriate undergraduate ethics education¹⁷. Furthermore, student's perspective is considered an important component in the evaluation of medical education (18) thereby; the students should be invited to provide feedback in order to modify the curriculum according to their need and interest¹⁹.

One of the most commonly used instruments for evaluating teaching is student-based questionnaires because students are the principal receivers of instruction; their points of view have proven extremely useful²⁰.

The aim of the study was to investigate medical students' attitudes regarding MEs teaching process in Al-Kindy medical college in addition to their suggestions for the most preferences teaching and assessments methods.

Methods. A descriptive cross-sectional study was conducted in Al-Kindy Medical College. during the academic year 2013-2014, from January to September 2014. All medical students of the 5th (58) and (32) of 6th grades were chosen after their acceptance. Ethical consideration approved from the ethical committee of the department. Scientific approval from scientific committee too. The

students were met by the researcher to discuss the purpose of the study, to inform them that participation was optional and to reassure them that there will be no consequences for no-participation and confidentiality.

Our variables under study are attitudes; Allport (1935) defined an attitude as "a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon an individual's response to all objects and situations with which it is related"²¹, behaviors (the actions by which an organism adjusts to its environment)²², frequent term define (when student attendance to MEs lectures more than 25 hours and sometimes term define (when student attendance to MEs lectures between (15-25) hours.

A self-administered questionnaire, The questionnaire form was prepared by the researcher through literature review of several standardized questionnaire forms^{15,16,23} and revised and supervised by committee in the department of community medicine at AL-Kindy college of medicine.

The form focused on four main domains related to: first-students' attitudes concerning MEs general teaching methods. second-students' suspected outcomes. third-students' opinions concerned MEs. Topics. fourth-students' opinions regarding specific teaching and assessment of MEs. The answers of the students were categorized in three groups: Agree, Don't know, Disagree

Data obtained were presented in appropriate tables, dealt with in a suitable computer program using (MINITAB) version (16) and demonstrated in the form of percentage. Chi-square test for significance was used. P-value of less

than (0.05) is considered statistically significant, and less than 0.01 is considered highly significant.

Table 1: Characteristics of the study population.

N=90 (Resonances)		NO.	%
Students in the 5th class		58	64.4
Students in the 6th class		32	35.6
SEX			
	Male	47	52.2
	Female	43	47.8
Attendance to MEs lectures			
	Frequent	20	22.2
	Sometimes	41	45.6
	None or minimal	29	32.2

Table 2: Students' attitude concerning MEs general teaching methods (N=90).*

NO	Items	Agree		Don't know		Disagree	
		NO	%	NO	%	NO	%
1	Medical ethics teaching for medical students is important aspect of medical education	80	88.9	7	7.8	3	3.3
2	Medical ethics education in a formal course are crucial to good patient care.	73	81.1	12	13.3	5	5.6
3	Medical ethics teaching should be integrated horizontally and vertically within the medical curriculum	66	73.3	18	20	6	6.7
4	Medical teachers from clinical disciplines is required to obtain a certified qualification in MEs.	66	73.3	20	22.2	4	4.5
5	I have a general interest in learning more about MEs.	77	85.5	4	4.5	9	10
6	This topic is relevant to me.	73	81.1	11	12.2	6	6.7
7	The teaching of MEs. enable me to engage with contemporary ethical issues.	72	80	12	13.3	6	6.7
8	Medical ethics education made me more aware of the complexity of the practice of medicine	73	81.1	11	12.2	6	6.7
9	Medical ethics teaching would influence the attitude and behavior of doctors and improve patient-doctor relationship	76	84.4	9	10	5	5.6

*Students` rated medical ethics teaching as important aspect of medical education.

Table 3: Students' suspected outcomes (N=90).*

No	Items	Agree		Don't Know		Disagree	
		No	%	No	%	No	%
1	I have the ability to recognize significant ethical problems in clinical practice.	59	65.6	18	20	13	14.4
2	I have the ability to reach sound decision when facing ethical problems in clinical practice.	51	56.7	29	32.2	10	11.1
3	have the ability to give reasons to my colleagues in support of my decision pertaining to matters of clinical ethics.	45	50	32	35.6	13	14.4
4	I know how to assess a patient's capacity to make informed decision about his/ her health care.	56	62.2	27	30	7	7.8
5	I know how to proceed when a patient is mentally in competent	42	46.7	28	31.1	20	22.2
6	I have the ability to communicate bad news to a patient.	43	47.8	29	32.2	18	20

*Students' confidence with ethical conflict.

Results. Out of 113 students 90 were responded with an overall response rate of 78.1% and that of 5th. grade 93.5%, 6th. grade 62.7% respectively.

Table1. Shows distribution of study participants according to study grade, sex and frequency of attendance to MEs lectures. Study sample were from the 5th grade 64.4%, and 35.6% of the sample were from 6th grade. The study showed that 45.6% of the students were attending MEs lectures for few times; with one third 32.2% reported either none or minimal attendance; and 22.2% of the students were attending MEs lectures frequently.

Table 2. Students' attitudes concerning MEs general teaching methods. reveals that 88.9% of students considered MEs general teaching methods for medical students an important aspect of medical education, and 85.5% had general interest in learning more about MEs. However, 84.4% agreed about the influence of MEs teaching on the attitude and behavior of doctors, hence improves patient-doctor relationship. The proportion of those who gave I don't know answers varied between 7.8% for the 1st item to 10% for the 9th item.

Table 3. Students' suspected outcomes. Demonstrates that 65.6% of students were confident with their ability to recognize a significant ethical problem in clinical practice. And about half of them 50% have the ability to give reasons to their colleagues in support of their decision pertaining to matters of clinical ethics. While only 46.7% knew how to proceed when a patient is mentally incompetent. On the other hand almost 56.7% of students did not know whether they have the ability to reach a sound decision when facing ethical problems in clinical practice. While 47.8% was agree to the item related to the ability to communicate bad news to a patient. Student's opinions concerned MEs topics shows 83.3% of students agree with confidentiality, and 80% was agree to the item related to the care of chronically ill.

Table 4: Students' opinions concerned MEs. Topics (n=90).

NO	MEs topics	Agree		Don't know		Disagree	
		NO	%	NO	%	NO	%
1	Care of terminal patient	60	66.7	22	24.4	8	8.9
2	Truth telling	70	77.8	13	14.4	7	7.8
3	Determination of death	43	47.8	25	27.8	22	24.4
4	Confidentiality	75	83.3	13	14.4	2	2.3
5	Care of chronically ill	72	80	13	14.4	5	5.6
6	Abortion	47	52.2	32	35.6	11	12.2

*Students rated the confidentiality as important topic.

Table 5: Students' opinions regarding specific teaching of MEs.

NO	Learning methods	Agree		Disagree		P-value
		NO	%	NO	%	
1	Lecture	50	55.6	40	44.4	0.292
2	Seminars	49	55.4	41	44.6	0.399
3	Case-studies–discussion group	67	74.4	23	25.6	0.001
4	Role play	61	67.7	29	32.3	0.001
5	Clinically integrated	74	82.2	16	17.8	0.001

*Students rated clinically integrated as the best methods of specific teaching. *P-value highly significant < 0.05.

However, 66.7% was agreeing with care of terminal patient. While about half of them 52.2% agree with abortion and about half of them 47.8% was agree with determination of death.

Table 5 shows students' opinions regarding specific teaching methods of MEs. Students rated clinically integrated and case-studies with discussion group methods as the most preferred teaching methods 82.2% and 74.4% respectively while only 55.6% preferred lectures, regarding specific teaching, 83.3% preferred multiple choice questions followed by case studies with short written answer and clinical supervision 80%. While by OSCE and standardized patient interviews 74.5%, and About half of students 48.9% preferred projects or papers.

Discussion Medical students generally understand the importance of ethical knowledge and the majority answered correctly to questions designed to test how they would respond in situations which deal with the different of consent, confidentiality and patient autonomy.

In the present study, seventy eight per cent of the students responded to the questionnaire, therefore the results can be considered to be representative of the knowledge and opinions of the medical students at the time of the study. There is a little interest among the students in attending learning activities in this subject area. In Comparison with other several studies were faced with response rates varied from 28% to 67%^{16, 24}.

Table 6: Regarding the assessment methods: (n=90).*

NO	assessment methods	Agree		Disagree		P-value
		NO	%	NO	%	
1	Projects or papers	44	48.9	46	51.1	0.833
2	Multiple choice question (MSQ)	75	83.3	15	16.7	0.001
3	OSCE and standardized patient interviews	67	74.5	23	25.5	0.001
4	Case studies with short written answers.	72	80	18	20	0.001
5	Clinical supervision.	72	80	18	20	0.001

*Student's opinions (MSQ) regarding as the best methods to examination.

*P-Value highly significant < 0.05.

Table 7: Regarding an open question about opinions to improve the ME curriculum. The following comments were given by the students.

No	Students` opinions	Grade
1	Having yearly course from the first year.	(5thgrade,female student)
2	It is better to learn this from our doctors' experience in their practical life.	(6thgrade ,male student)
3	The training should be at hospital with a real patient to feel the situation better.	(6th grade, female student)
4	-The best thing is the clinical rounds, MEs was taught in form of formal lectures, but the practice was different from the main ethical principles.	(5thgrade, male student).
5	Other student added that patients must be informed and educated that they are admitted to a teaching hospital and may be submitted to students` examination	(6thgrade,male student)

Most of the students had positive attitude toward the importance of ethical knowledge, however, since it is known that one or a few individuals could be responsible for a number of complaints about the conduct of staff, then methods should be devised to identify and try to stimulate an interest in ethical knowledge and conduct among those few who did not think that these matters were important on compares with other study was faced with response rates ²⁵.

Results of other studies was somewhat variable, Roberts et al study carried out in 2004 at the University of New Mexico School of Medicine, the respondents strongly proved the appropriateness of ethics education which improved clinical care and interpersonal skills²³. Higher rate was seen in a study conducted in Queen Elizabeth Hospital in Barbados in 2006, which revealed that medical students were generally very positive about the importance of ethical knowledge²⁴. While Johnston and Haughton at King's College, London School in 2007, revealed that most of medical students thought that the subject was important and half of them were interested in MEs education¹⁵.

Furthermore, in a work conducted in the University of New Mexico in 2009, pointed the agreement among medical students on the effect of MEs education in helping professionals to better recognize ethical issues, clarify "value-laden choices", improve patient care & clinical decision making²⁵.

Similarly a study of King Saud bin Abdul-Aziz University for Health Sciences in 2010 showed that most of students expressed their strong agreement on the importance of their learning biomedical ethics and half of them considered the subject is interesting²⁶. However, Chin et al in 2011; found that (third of quarter) of students felt that ethics education is important requirement of medical education²⁷. As well most of undergraduate in West Bengal Medical school agreed that awareness of ethics was important for their future professions. These variations in attitudes regarding MEs education, to a certain extent are related to the fact that positive or negative attitudes are affected by MEs teaching process²⁸.

Confidence is a precursor of clinical ethical competence, ranging from confidence in knowing something to confidence in performing something²⁷.

In the current study about (two third) of respondents were confident in having the ability to recognize a significant ethical problem in clinical practice. About half of students, were confident in having the ability to give reasons to their colleagues in support of their decision regarding matters of clinical ethics. Only less than half said that they are able to proceed when a patient is mentally incompetent. These rates were much lower than the study of Chin et al in Singapore which showed to similar statements. Unfortunately, these variables rating of present study students indicate that the current curriculum of MEs does not fulfill the students' requirement regarding this subject or the students are not motivated about the importance of this curriculum²⁷.

In this study, we attempted to measure Student's opinions concerned MEs topics. According to the results, the significant influence of a compulsory curriculum was founded especially on medical confidentiality first important and subsequently care of chronically ill and truth telling and care of terminal patient about abortion and lastly determination of death. This results is with comparable with other study was attempted to examine student attitudes to the teaching of medical ethics in the Baylor College of Medicine, respondents rate for the same MEs topics variable(determination of death) first important and subsequently(truth telling) , (care of chronically ill) and (care of terminal patient), (abortion) and lastly (confidentiality). In this study the Students who identified ethical issues were asked to describe one case. An examination of the cases described by the students indicated a clear concern by the students for the more dramatic cases in which ethical issues were raised, and much less discussion of cases which were not life threatening but involved more. This difference may be due to religion, cultural and educational factors²⁹.

In the current work students were rating their preferred teaching methods as clinically integrated and case studies with discussion group, followed by role play; while the least preferred method was formal lecturing, which is the adopted

method of teaching this subject in the study setting. This result is comparable with other studies, in the study of Roberts et al in 2004 the respondents rated clinical approaches (role modeling by faculty, clinical rounds, interaction with patients and case conferences) as the most effective, while formal didactic approaches (grand round presentation and lectures) are only somewhat effective²³

Similarly in a study on postgraduate bioethics education in Canada in 2006 most of chief residents felt that case based small group discussion was the most effective teaching method, while other indicated that the least effective methods were didactic lectures and open ended discussion.³⁰ While in the study of New Mexico University the students strongly agreed that ethics training should include group discussion, consultation and guidance on the ethical and scientific designs of specific protocols, and interaction with institutional review²⁵

Considering the preferred assessment methods in the present study, students highly rated multiple choice questions followed by clinical supervision and case studies with short written answers and then OSCE and standardized patient interviews and lastly project or essay examination. Mosul University 2011 was faced with similar response rates except when OSCE precede clinical supervisor.³¹ Johnston and Haughton found that students indicated a strong preference for assessment by way of rolling case studies with short-written answer¹⁵. However, the study of Ozan et al in Turkey in 2010, demonstrated that students rated the following in descending sequence: essay questions, multiple choice questions, projects or papers, Objective Structured Clinical Examination (OSCE), and lastly standardized patient interview¹⁶. The dilemma of matching the actual experience of ethical problems to the education process of students has been noted elsewhere³²

The information outcome about the education process of medical students in this study showed that a substantial percentage of the students obtained their knowledge from lectures only. It is also a matter of concern that students expressed the view that they knew little of the law in spite of the lectures they had received; although a substantial number said they had no experience of lectures on the topic. This indicates that there is a need for greater attention to be paid to the methods of training in the law appropriate to medicine and in the international codes of conduct, for without such knowledge there is likely to be a continuing mismatch of beliefs between practitioners' and ethicists on social situations as concluded by Dickenson in a study^{24,33}

In conclusion, most of medical students have positive knowledge and attitudes about the medical ethics teaching, but they may not be adequately prepared to meet the challenges of clinical practice. Clinically integrated and case-studies with discussion group methods as the most preferred teaching methods respectively while only half of medical students preferred lectures, regarding specific teaching. Multiple choice questions followed by case studies with short written answer and clinical supervision still the main preferred assessment methods and about half of students preferred projects or papers.

We recommend stating fixed policy with compulsory system of integrated curriculum in which we have outlined a core curriculum for the teaching of ethics and law applied to medicine and indicated organizational conditions for its successful teaching. There should be incorporation of creative and integrated ethics curriculum starting in the first medical grade, with emphasis on ethical aspect of daily medical practice. Furthermore, Problem based learning (PBL) rather than lectures for teaching ethics. The students should also work in small groups with cases and closely

similar clinical and ethical problems; this opinion is strengthened when we consider the results of the course evaluation.

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