

The Ethics of Education

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As members of the veterinary profession, we are constantly confronted with the subjects of ethics and of education. These two topics are experienced in some manner every day of our lives. In addition to each individual's personal moral code, the veterinarian must live by his professional ethical code which states various principles by which he is to act. Education also plays an important part in the veterinarian's life; he has spent at least six years beyond high school to obtain the degree of Doctor of Veterinary Medicine. Of course his education does not begin with his professional training nor does it end here. Education is a continuous process and one that must expand. However, we are here concerned with those few years that form the basis of a veterinarian's professional education and the ethics involved in obtaining this education.

Succinctly stated, education is the acquisition of knowledge. A professional veterinary education is the acquisition of knowledge pertinent to veterinary medicine. In any setting, the process whereby knowledge is attained depends on the student's environment and his intellectual potential. By environment is meant the institution's epistemological standards and methods of teaching. A student's intellectual potential may be seen as a combination of his inherent capacity to learn and the degree to which he exercises this capacity in the form of rational thinking.

The interdependence of a student's environment and a student's intellectual potential can be examined by objectively observing him through the course of his professional training. The objective or goal of both the institution and the student is the granting of the degree of Doctor of Veterinary Medicine. From an institutional standpoint, the primary concern is gradu-

ating competent veterinarians. The student is concerned with becoming a veterinarian, i.e., small animal practitioner, large animal practitioner, government employee, research worker, etc.

Regardless of his chosen specialty, the veterinarian must be a diagnostician. This is essential in that any veterinary services he may render depend on and are derived from his abilities as a diagnostician. With this in mind, it would seem that the primary goal of the institution and the student should be amended to include a direct emphasis on diagnostic competency.

Unfortunately, many students, upon entrance into veterinary college, do not realize what it means or requires to be a diagnostician and thus proceed blindly to memorize one isolated fact after another. Because of their naiveté and since much of their professional training is non-diagnostically oriented, many are graduated that are not competent veterinarians. They are blanks who repeat in an uncritical stupor the tasks and skills they sponged from their instructors or accepted second hand from their classmates.

There are many factors underlying this situation. First one must look at this student when he enters veterinary college. Some come to learn, some for the prestige or other complex psycho-sociological motives. All have different intellectual capacities (although they are supposedly above average intelligence since they have been selected by stringent criteria). Despite their intelligence, previous training may have accustomed them to the spoon-feeding method of learning and consequently they expect and demand it in college. This occurs because they have failed to exercise their thinking abilities (or perhaps never developed them in the first place). It is this type of student who chronically complains when an instructor asks them to perform problem solving types of assign-

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ments. Their complaints are whimsical because of their failure to recognize that the learning process is not an automatic one but rather requires conscientious effort on their part. As a result, these students soon form the class goon squad, expecting their instructors to spoon-feed them the information they need to know—information necessary to pass the next exam and not necessarily that which will be beneficial to their career. If they have not been able to obtain the information from the instructor, their next victims are their classmates who have the initiative to master a subject by conscientious effort. If the classmate refuses to give the information he is considered a snob and may be continually ridiculed because of his interest in learning, i.e., laughed at when he answers questions in class.

Coinciding with these occurrences a cut-throat type of competition comes into being. Students will compete by keeping information from one another as opposed to the system where competition is based on one's ability to learn. In these ways the spoon-fed student provides a constant source of irritation to the instructor and to other more ambitious classmates. And later, these are the same individuals who in practice will frequently refer cases to the college because of their inability to determine the state or disease entity of an animal. They use the excuse that they never learned about it in college.

Fortunately this type of student is in the minority for most students are eager to learn and to further their education particularly in subjects related to veterinary medicine. The course of events which the brighter student must endure to reach his goal can best be termed a form of psycho-epistemological torture. This is best exemplified by a student's attitude toward his school—mistrust, resentment, contempt, hatred—intertwined with a sense of exhaustion and boredom.

Many of these attitudes develop because of inconsistent epistemological principles from course to course or department to department and the subsequent difference in requirements for the functioning of the student's mind. For example, contrast the

two years spent in the basic sciences with the two years of clinical sciences—the basic versus the applied, memorization versus integration. Observe the first two years of a student's professional education where he is confronted with a voluminous amount of facts in courses most of which are necessary to know for some phase of veterinary medicine. However, most of these courses are taught on the premise that each course is the only one he is taking. Very little attempt is made to direct the student's thinking toward becoming a diagnostician nor is there any attempt to help the student integrate the basic principles he has learned from each course, i.e., "learn what we tell you to learn, accept it on faith, you will see why you learned it in your clinical years." It is as if each course were presented in a different language, each requiring that one think exclusively in that idiom. The result is a fragmentation of knowledge.

Thus there exists an opposition to principle building, to the integration of a student's knowledge. What little integration of facts the student does recognize is usually the result of unnecessary effort on his part. The subject matter that he learns hangs in a vacuum to be accepted out of context and any questions as to its significance or interrelationships with other course work are usually rejected or discouraged. As a consequence, the student is forced to memorize rather than learn, to recite rather than understand, to retain the spoon-fed debris long enough to regurgitate it on the next exam.

If the student has survived this system he may be confronted with another almost as gruesome, the fear technique of teaching. This method is usually instituted by the power-seeking social metaphysician who undercuts the minds of his students and who gains satisfaction from giving unannounced quizzes perpetrated by the mythical rationalization that they are learning devices.

Under these circumstances, the student must constantly keep his ultimate goal in mind, that of becoming a competent veterinarian. He must further try to preserve his thinking ability and must attempt to

conceptualize the principles and the information he has learned. If he does not, he will find himself a victim of educational inconsistencies and will have rejected his own moral responsibility to learn rather than to accept information on faith.

Moreover, the student is confronted with a different epistemological standard of teaching in his clinical years. Here he is expected to think and to integrate the information he has accrued in previous years. He is given the freedom to pursue subject matter and clinical cases in depth if he so desires. He must learn to correlate all the information available if he is to arrive at an accurate diagnosis and proper therapy.

Unfortunately, not all students are able to correlate information to make a diagnosis or perhaps they have not taken the initiative necessary to relate the material. There may be several reasons for this. The most obvious is the failure of the student to develop and to exercise his conceptual faculties. If the student's sensory-perceptual level of consciousness is no higher than that of the animal to which he is assigned, he is certain to fail in his diagnosis unless he has parasitized the information from the instructor or another classmate. The student must realize that the ability to diagnose disease entities does not come automatically. It requires a constant sense of awareness and the ability to correlate objectively the clinical signs or symptoms he observes. Further, he must avail himself of the opportunity to study other cases than those assigned. If he feels that he is deficient in some particular area he should pursue it in depth using the available clinic cases and current literature. This certainly would be more beneficial to him than standing around complaining about this or that instructor or this or that course. The clinicians are not hired to entertain students in their every free moment but rather to teach. Thus the choice to learn or to suspend one's mind lies solely with the student.

Frequently students complain about the lack of freedom in handling cases. Some of their complaints are justifiable and some are not. If the student has proven

his abilities, there is no reason why he should not be given certain freedoms in managing a case. However, it would be advisable for him to discuss the case with the clinician in charge for it is the clinician who is ultimately responsible for the case and must answer to his clientele. Furthermore, if the student has not proven his abilities because of the reasons cited above, he cannot justly complain about his lack of freedom in the management of cases.

In addition, the clinician has responsibilities to his students. It should be his function and purpose to guide his students in their diagnostic thinking. He should point out pitfalls they may encounter in practice. He must acquaint them with different methods of handling a case and the rationale for each. He can also aid them in correlating the clinical signs an animal may exhibit and indicate which ones may be characteristic of any particular disease. The clinician must also realize that a student cannot make an automatic transition from the basic to the applied. This is at times frustrating to the clinician in that he must review basic principles with the students in order to make them understand the applied, i.e., a systematic review of anatomy so as to interpret radiographs, an explanation of the pharmacological action of a drug to comprehend a therapeutic measure. Finally, it is his responsibility to provide the facilities and opportunities to learn the proper surgical and therapeutic techniques necessary for the student in his future career.

Fortunately, there are some exceptions to these criticisms. There are many excellent instructors, many educationally significant course presentations, and many conscientious students. But it cannot be stressed enough that there is a need for the student and the institution to evaluate constantly their motives and goals.

Having thus examined the interrelationships of the student's environment and his intellectual potential, one may conclude that the acquisition of a professional education must be a cooperative effort.

"Ideas without action are fraud; action without ideas is suicide." *

* Ayn Rand