

School of Oceanography Correspondence

INTERDEPARTMENTAL



TO: Professor Dale Johnson, Associate Dean for Academic Programs and Research, The Graduate School

FROM: Ad Hoc Committee to Review the Department of Medical History and Ethics

ARR for committee
Professor Arthur R.M. Nowell, School of Oceanography (Chair)

Associate Professor Joanna M. Cain, Department of Obstetrics and Gynecology

Professor Thomas L. Hankins, Department of History

Professor Marsha M. Linehan, Department of Psychology

Professor Thomas Murray, Center for Biomedical Ethics, Case Western Reserve University, Cleveland, Ohio.

SUBJECT: Review Committee Report

SUMMARY

The committee congratulates the Department of Medical History and Ethics on its healthy and intellectually vibrant program, its valuable ties to other departments in many colleges, its strong sense of service and its new energy in supporting research. The committee recommends continuation of the M.A. degree granting status of the Department.

PROCEDURES AND FINDINGS

The committee reviewed the documents supplied by the Department of Medical History and Ethics. It met on two occasions, once as the full committee and once with only those members from UW present. The committee also requested input from faculty and administrators from outside the Department. The committee as a whole met with all faculty members of the Department and all the full-time registered graduate students in the program. The committee is pleased to report that the Master of Arts program is healthy and of high quality.

The department was last reviewed in 1979 at which time it was called the Department of Biomedical History. Only two of the current faculty held appointments in the department at that time and hence there have been many changes over the past 15 years. The change of name alone indicates a shift in emphasis, a shift that has taken place not only in response to demand, but also as a consequence of faculty hiring. This change has left some unease about the future viability of the presence of the expertise in history of biology in this department. However, the committee is confident that this unease is a healthy reflection of ongoing and creative ties among many faculty in many departments interested in the broad arena of the history of science. Maintaining the expertise in history of biology is well recognized. The growth of the field of medical ethics has resulted in great pressures on this small department - pressures to which it has responded gracefully and collegially. The department and its faculty are seen as crucial components of the School of Medicine and by many of the affiliated clinical units such as Harborview, Providence and Children's Hospital. The department as a whole and the chairman are to be congratulated on the wide range of help, counsel and teaching they provide to professionals, faculty, students and the public.

The committee identified several challenges that the faculty of the Department and the administration of the School of Medicine will need to address in the coming five years including:

- the need to enhance enrollment in the history side of the Department and ensure its intellectual identity while continuing to build effective ties with the History Department for both undergraduate and graduate teaching and student recruitment;
- the need to evaluate using identified metrics the progress of the ties with the Philosophy Department especially the recently created Interdisciplinary Ph.D. program;
- the need to maintain the ties with Public Health and Law, and possibly develop ties to Nursing, for joint Master's programs where the expertise of the Medical History and Ethics Program can add a special dimension to these other programs;
- the need to ensure that the Department retains an independent intellectual character, especially on the history side, one which ensures that the history students have an understanding of ethics;
- the need to maintain the delicate balance of formal teaching and the burgeoning service demands being placed on the faculty by the exploding interest and concerns about ethical matters in the profession of medicine; and last
- the need to ensure that the character, balance and international reputation of the Department is maintained with the likely retirement of its chairman in the next few years.

From Biomedical History to Medical History and Ethics. 1979-1994

A retrospective look at the Department of Medical History and Ethics and at the changes since the last review of the Department of BioMedical History provides an excellent basis for framing the issues that confront this excellent small program.

In 1979 the committee noted that the department represented "a delicate marriage of the liberal and the technical" and congratulated the School of Medicine on acknowledging the "importance of the humanistic and contextual elements of its professional undertaking." Over the past 15 years the addition of four new faculty has not changed this delicate marriage though it has obviously altered connectivities on campus in a significant and positive manner. The present chairman, only the second in the lifetime of the department which came into existence in 1965, has also altered the response of the department to the important ties among departments both inside and outside the Medical School. The committee received letters from ten faculty and administrators outside the Department who were uniform and lavish of their praise for the department. They noted the exceptional role that several of the faculty, and the students in the department have played, and continue to play, in helping many parts of the medical profession and biomedical industry on and near campus confront the pressing ethical issues. This service takes many forms including formal classes, seminars, discussion groups, mentoring, committee service, public education and counseling. In each of these areas, except the first, the department's role is not well documented by current University measures. The committee recommends that the Department make urgent efforts to develop effective documentation of these many contributions in large measure to counteract simplistic arguments about the importance of the program based on the number of faculty and number of graduate students. The committee is concerned that unless these important contributions are adequately documented, and the University develops and accepts measures of such activities, the continuing public perception of UW as only caring about research and not about the community, will be further erroneously entrenched. As an example of the inadequate measures of teaching provided as part of the usual self-study document we append Appendix 1. If one reviews the number of Student Credit Hours in Appendix 1, it appears that the department is doing progressively less teaching. However as can be seen from Appendix 2 that the opposite is true. Measuring teaching by formal classroom contact is clearly a simplistic, inadequate and obviously misleading technique. The committee believes that the educational responsibilities of the Department are large and well handled and that the Department has struck a thoughtful and appropriate balance of formal teaching and critically important informal teaching.

At the time of the last review it was noted that most of the students in the program were part time and that they did not look upon the degree as essential to their livelihood. It was reported that the students "understand that the field offers very few career opportunities and even then, virtually none without the doctorate." It was also reported that there was a high attrition rate among Master's degree students, the most splendid observation being that in 1979 the department had students "*who were pursuing a degree for the quaint reason that the program was intrinsically rewarding.*" In 1994 the situation is very different. The students in this program are all full-time, and there is no problem of student retention. Since the Graduate School caps enrollment for the department at six, the faculty are forced to encourage students who have

August 15, 1994
Ad Hoc Review Committee
Graduate School, 1994

finished course work and are working on their theses to take academic leave, in order to allow additional qualified applicants to enter.

The students in residence and a review of recent graduates indicates that the master's degree especially in ethics does offer career prospects, though, as in many departments, the faculty regard doctoral students as their primary recruitment prospects. The students believe, as the evidence of recent times indicates, that the Master's is a practical degree, and the students expressed great satisfaction with the program and its training. However, the "quaint reason" mentioned in 1979 is still valid: for every student we talked with spoke highly of the quality of the program and insisted it was for this reason they had entered the department.

In 1979 the committee observed that it sensed that the history of biology had become less important to the department as it moved in the direction of medical ethics. The committee in 1994 was presented with similar concerns. However, we note that in 1981, soon after the last review worried about this issue, the department hired a new faculty whose expertise is in the history of biology. The concerns today must center more on maintaining cross-departmental teaching in the History of Science, Technology and Medicine at the undergraduate level and on the recruitment of qualified students to the Department of Medical History and Ethics at the graduate level. At the graduate level two MA students in MH&E have continued to the PhD. program in History, which we take as indications of continuing working ties between the two departments and the respective faculties. While the undergraduate program in Science, Technology and Medicine, to which two of the MH&E faculty contribute, seems in good shape, the committee is worried that territorial boundaries and protectionism could derail relations between History and MH&E. The solution here seems to lie in the hands of the respective faculty and chairs to avoid this potential problem. If MH&E is to retain a cultural identity as a department for its own students it might be advisable for it to insist that all students take at least one course in each of the two areas of medical ethics and history. At present there is a dichotomy: all ethics students take history, but no history students take ethics. The committee sees this imbalance as unfortunate, but readily addressable.

In 1979 there was a sense that medical ethics and jurisprudence would increase in importance, an outcome that has proved correct. The Chairman's expertise and reputation have, along with the hiring of a junior faculty in ethics in 1986 sped this process. It is to the department's credit that relations with the Philosophy Department (the home of Ethics on most campuses) have been cordial and an Interdisciplinary Ph.D. program has been established. This benefits both departments, in that MH&E students have a logical home to which to progress on completion of the Master's, and Philosophy is benefited by ties to a prestigious group of faculty making important social and societal contributions which fulfill the University's mission of service. Because the Interdisciplinary Program accepted its first doctoral student only three years ago it is too early to judge its success. The Graduate School should look in five years at the progress of this carefully crafted program.

The Department then is healthy, but one senses many pressures. Among these are the adequacy of financial resources for keeping the program at its present level. The committee noted that there are NO state funds for operations in the Department's budget. Space is always a problem, but with the recent space additions in Health Sciences the committee hopes some relief should be forthcoming to this worthwhile

August 15, 1994
Ad Hoc Review Committee
Graduate School, 1994

small department. The graduate students are crowded into less than OSHA standard space. The loss of the Rare Book Room to the Health Sciences Library is a continuing, serious irritant to the faculty. The loss also detracts from one of the unique aspects of this humanist department subsumed in the Medical School. Last, the growth in expectations of service and informal teaching of ethics can only be expected to continue. Accordingly there will be a good case to be made to add faculty strength in ethics, an issue that will no doubt be raised as the Department charts its future and tries to recruit a new chairman.

The Department of Medical History and Ethics 1999

The committee was most favorably impressed by the Department. There is a healthy and vibrant atmosphere and a true feeling of inclusion. The students referred frequently to 'us' and 'our Department' when talking about the teaching and service roles of MH&E. There is a delicate balance between history and ethics and between teaching and service that requires continual attention. The Department chairman provides the scholarly leadership that fosters this cohesive and evenly balanced Department.

Looking five years ahead we see one significant challenge that the Department as a whole needs to address. The present chairman indicated that he will retire in about five years. In a small department every position, its responsibilities and perceived role in the balance of the department is critical. In a very small department with widely diverse responsibilities and ties to four Colleges (Medicine, Arts and Sciences, Public Health and Law) the replacement of the chairman is the paramount decision. We commend the Medical School for indicating that it would anticipate searching nationally, including internal candidates, for the very best and most prestigious person to continue to lead this department. However, the present faculty have an important responsibility that is best undertaken sooner rather than when the current chair retires. That responsibility is to chart its own goals and identify its future responsibilities so that recruiting a new chair occurs in the best context of a faculty with its vision, responsibilities and expectations collegially formed.

Basic Unit DataDegree-Granting Unit: Department of Medical History and Ethics

Specify Year:	Last Review Year or Year -10 (Biomedical History)	Year -2	Year -1	Most Recent Year
	<u>1982-83</u>	<u>1990-91</u>	<u>1991-92</u>	<u>1992-93</u>
100-level	<u>0 /</u>	<u>0 /</u>	<u>0 /</u>	<u>0 /</u>
200-level	<u>0 /</u>	<u>0 /</u>	<u>0 /</u>	<u>0 /</u>
Average Annual Student Credit Hours/Average Class Size (Autumn Quarter)	300-level <u>0 /</u>	<u>0 /</u>	<u>0 /</u>	<u>0 /</u>
	400-level <u>297 / 16.5</u>	<u>42 / 3.0</u>	<u>65 / 4.3</u>	<u>33 / 2.3</u>
	500-level <u>176 / 14.3</u>	<u>212 / 22.8</u>	<u>259 / 17.4</u>	<u>207 / 23.4</u>
	600-level <u>12 / 2.0</u>	<u>7 / 3.0</u>	<u>29 / 4.0</u>	<u>8 / 2.0</u>
	TOTAL <u>485 / 13.4</u>	<u>261 / 12.6</u>	<u>353 / 14.8</u>	<u>248 / 12.8</u>
Professional/Permanent Faculty FTE	<u>4.0</u>	<u>5.0</u>	<u>5.0</u>	<u>5.0</u>
Auxiliary/Temporary Faculty FTE	<u>0.0</u>	<u>0.33</u>	<u>0.33</u>	<u>0.33</u>
Teaching Assistant FTE	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Unit Budget--State Sources:				
Personnel Budget Subtotal	<u>186,006</u>	<u>355,662</u>	<u>372,600</u>	<u>372,600</u>
Faculty	<u>159,870</u>	<u>305,556</u>	<u>317,982</u>	<u>327,546</u>
GSA's	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Staff	<u>26,136</u>	<u>50,106</u>	<u>54,618</u>	<u>57,606</u>
Operations Budget Subtotal	<u>0</u>	<u>1,849</u>	<u>0</u>	<u>0</u>
Equipment Budget Subtotal (Unit must provide)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total State Budget	<u>186,006</u>	<u>357,511</u>	<u>372,600</u>	<u>385,152</u>
Total Grant and Contract Funding	<u>1,442</u>	<u>43,992</u>	<u>100,542</u>	<u>101,812</u>
Indicators/Professional/Permanent Faculty FTE				
SCH/Faculty FTE	<u>125</u>	<u>42</u>	<u>74</u>	<u>84</u>
Staff Budget/Faculty FTE	<u>6,534</u>	<u>9,825</u>	<u>10,752</u>	<u>11,340</u>
Operations Budget/Faculty FTE	<u>0</u>	<u>363</u>	<u>0</u>	<u>0</u>
Grant & Contract Funding/Faculty FTE	<u>361</u>	<u>8,626</u>	<u>19,792</u>	<u>19,963</u>

SECOND APPENDIX TO SELF STUDY REPORT

DEPARTMENT OF MEDICAL HISTORY AND ETHICS SCHOOL OF MEDICINE

MAY 1994

Introduction

The Review Committee for the Master of Arts Program of the Department of Medical History and Ethics requested that the Department clarify and elaborate on several aspects of its academic teaching program which the Committee felt were not adequately depicted in the statistics generated for the tables in Appendix A-2 "Basic Unit Data" of the original report.

Additional information or clarification was requested regarding 1) the shift in emphasis from undergraduate to graduate level courses; 2) the impact of joint listed courses; 3) the extent of faculty teaching in courses outside the Department.

1) Shift in emphasis from undergraduate to graduate level courses

Ten years ago (1982-83), the Department's courses were concentrated in 400-level electives open to undergraduates with junior and senior standing. The courses offered fulfilled a number of "distribution" requirements and appealed to a broad spectrum of students, thus drawing fairly large enrollments.

Some courses of this nature, especially those fulfilling the distribution requirements, have been retained. But, as the graduate program in the Department has evolved and grown stronger, the primary focus has been on developing and providing courses to meet the educational requirements of graduate students in this Department and in related Health Sciences programs. For a variety of reasons related to the nature of Graduate education, the 500 level courses have smaller enrollment and thus the statistics generated for "Average Annual Credit Hours/Average Class Size" go down accordingly. These numbers do not accurately reflect the increased time and energy commitment required of the faculty in providing primarily graduate level education as opposed to primarily undergraduate education.

It should also be noted that the Department is a unit of the School of Medicine and, as such, does not have an obligation to provide undergraduate courses. Similarly, as a unit of the Graduate School, the Department must concentrate on graduate education. Thus the reduction in undergraduate courses and the emphasis on graduate courses, while it lowers the numbers of students reflected in "Average Annual Credit House/Average Class Size", reflects the Department's primary missions within the University of Washington.

2) The Impact of Joint Listed Courses

As part of its interdisciplinary relationships with the Departments of Philosophy and History in the College of Arts and Sciences, the Department of Medical History and Ethics provides faculty for several joint courses. Although faculty from our Department are solely responsible for teaching the courses, most of the "SCH" credit goes to the other departments due to the way the course numbers have been established and to the way the UW statistically records enrollment numbers.

Four Philosophy courses meet jointly with MHE courses:
MHE 402/PHIL 342 (5 credits) Normative Ethical Theory
MHE 404/PHIL 344 (5 credits) Metaethical Theory
MHE 440/PHIL 459 (5 credits) Philosophy of Medicine
MHE 474/PHIL 411 (5 credits) Justice in Health Care

Professor Nancy Jecker of Medical History and Ethics teaches two of these courses each academic year.

In all of these courses, the MHE course number is reserved for MHE and MPH graduate students, who do a substantial research paper in addition to the other coursework. Only 5 slots are available for each course under the MHE course numbers, while 30 students register under the Philosophy course numbers each quarter. Thus, for each course, our Department would be credited with an SCH of only 25, while Philosophy would be credited with an SCH of 150, even though no faculty from Philosophy were involved.

Similarly, two large History courses meet jointly with an MHE course each year. They are:

MHE 419/HST 311 (5 credits) Science in Civilization: Antiquity to the Scientific Revolution
MHE 421/HST 312 (5 credits) Science in Modern Society

Professor Keith Benson of Medical History and Ethics teaches one of these courses each year and the other is taught by a member of the History faculty.

Again, only 5 student slots are available for each course under the MHE course number; these spaces are reserved for MHE and History graduate students who fulfill extra requirements. The remainder of the approximately 80 students who enroll in these courses each quarter register under the history number. Thus in the quarter Dr. Benson teaches each year, MHE would get credit for only 25 SCH (5 students x 5 credits), while the Department of History would received credit for 375 SCH (75 students x 5 credits).

The fact that the UW statistical system is not set up to account for joint courses skews departmental figures when the available student spaces are not divided evenly between the two departments, as in this case where the MHE course numbers are used for a few graduate students and the other departments' course numbers are used for undergraduates, but all students are taught by MHE faculty.

3) The Extent of Faculty Teaching in Courses Outside the Department

One reason the Department is constituted within the School of Medicine is that the departmental faculty of Medical History and Ethics is responsible for teaching the ethics and humanities components of the core courses for medical students. However, these courses do not have MHE prefixes and therefore the required teaching time involved is never "credited" to the Department nor reflected in the SCH statistics generated by the UW system. The departmental faculty also does a considerable amount of "clinical" teaching, i.e. "rounds", seminars for fellows, consults, etc. Clinical teaching does not have academic course numbers and thus is not represented in statistics based on academic course numbers.

In addition, the unique perspectives offered by members of the Medical History and Ethics faculty are much in demand for courses in the other health professional schools, as well as for courses in departments in which MHE faculty members hold adjunct positions, i.e. Philosophy, History and the School of Law.

The following partial listing of faculty teaching during the past two years in UW courses outside the Department is presented to provide some perspective on actual teaching activities of the Department and the teaching "loads" of the faculty, in addition to what is reflected in statistics based solely on courses listed with an MHE prefix. This listing does not include Continuing Medical Education courses, in which departmental faculty also participate on a regular basis.

(Note: # lectures = total lectures/seminars given by all department faculty in past 2 years; contact hours = classroom hours per lecture; # students = approximate attendance per lecture)

Course	Title	#lectures	Contact Hours	#Students
B POL590	Topics in Business Policy	2	2	20
BIOST514	Biostatistics I	2	2	15
CHCS 557	Maternal Child Nursing	1	2	20
CONJ 511	Home Health Care	3	1	7
CONJ 555	Human Oncology	1	2	8
FISH 367	Recreational Fisheries	1	1	70
HIST 310	Science & Religion in Hist Persp	2	1	75
HUBIO513	Intro to Clinical Medicine	8	2	8
HUBIO526	Systems of Human Behavior	9	2	8
HUBIO535	Intro to Clinical Medicine	8	2	8
HUBIO535	WAMI Sites	7	4	15
HUBIO550	Intro to Clinical Medicine (Heavy involvement annually by all ethics faculty in two key units: Life Threatening Illness and Human Sexuality)			
HUBIO555	Medicine, Health & Society	2	2	140
HUBIO565	Reproduction	1	2	100
HSERV501	Public Health Practice	6	1.5	15
HSERV510	Poverty and Health	4	1.5	10
HSERV511	Intro to HSERV & Comm Med	4	1.5	20
HSERV516	Intro to Health Services	2	2	150
LAW 501	Contracts	2	2	25
PCN 528	Hum Embryology and Genetics	1	2	10
PHIL 160	Philosophy of Science	1	1	75
PHARM301	Drugs and Your Health	1	3	25

In addition to teaching in academic courses, and continuing medical and nursing education courses, and all three ethics faculty are involved extensively with presenting teaching seminars on a regular basis for the residents at the affiliated hospitals and medical centers: University, Children's, Harborview, Veteran's, and Providence.

Additionally, during the last two years, Grand Rounds or special seminars have been presented an average of three times for the following Departments or groups: Neurological Surgery, Surgery, Medicine, Neurology, Anesthesiology, Preventive Medicine, OB-GYN, Neonatal Intensive Care, Psychiatry, Cardiology, Craniofacial, Geriatric Psychiatry, Psychology, Oncological Nursing, Critical Care Nurses, Adolescent Clinic, Family Medicine, Occupational Therapy.