

First reflection session

When I leave college I hope to be able to get onto a course at medical school, so straightaway I thought it would be a good idea to focus my reflective project on a subject that would be relevant to this career path. Medical ethics is a whole area of study in itself and something that all doctors and nurses face every day, so it seemed like it would be a rich area to draw an ethical dilemma from, as well as helping me with my studies in the longer term. Just as important, these were things I found really interesting because I found myself wondering how I would react in a real life or death situation.

I started by doing some initial research into what type of ethical dilemmas were likely to come up in a medical situation. Often these were to do with patient consent (for example a parent not wanting to give permission for a lifesaving operation for religious reasons); confidentiality (for example a patient that confesses to serious crime during a consultation); and professional relationships (for example a doctor having romantic feelings for a patient or vice versa). Some useful websites presented these as case studies which made them easier to relate to. I did spider diagrams for each of these areas to map out where the ethical dilemma came from, what were the different perspectives on it, where I could find research material on it and so on.

I took these to my initial meeting with my supervisor so we had a starting point for our discussion and I could get their advice about which had the best potential to be turned into a research question. From the discussion, I started to understand in more detail how important it was that the ethical dilemma and the related research question didn't have a straightforward answer. This sounds obvious, but for example it meant that I could rule out some of the ethical dilemmas because they were so clearly wrong (like having a relationship with a patient). In the end I decided on an ethical dimension related to end of life care. Euthanasia is a hugely controversial topic because there is an ethical clash between the doctor wanting to do what's best for the patient (which might be to end their suffering) and what the doctor has sworn to do, save and preserve life, not take it.

From this discussion I came up with the research question 'Should individuals have the right to die with dignity'? My next task is to start planning out the report and seeing where the research I have already done will fit into this.

Interim reflection

Since my last meeting with my supervisor (and a lot of research!), I decided to change my research question to 'Should psychologically competent terminally ill individuals have the option of physician assisted suicide?'. I changed it for a number of reasons. Firstly, I realised that focus wasn't right. I wanted to look at a medical ethical dilemma, but you couldn't tell that's what it would be about from the title. It made it sound like it would be about suicide in general rather than what role the doctor played in it. Also, 'die with dignity' made it sound as if it was too much from one point of view, because who would want to die without dignity? I tried to rewrite the question to focus it more on the doctor. Also I tried to narrow down the kind of situations I wanted to talk about because in my research I found out there's actually a big difference between euthanasia (which is often related to patients who can't straightforwardly give their consent like those in a coma or with dementia) and physician assisted suicide. This difference is something that I need to make clear and define in my project, because it's so easy to confuse them, but there's a really big difference.

The more research I do into this issue, the more I think it has been a good choice because my view on it keeps changing. I'll read one piece of evidence and think that this is something we should not be emotional about, then I think how I would feel if it was someone close to me? You'd want them to stay alive, but then maybe that's selfish? The research I've done into the Hippocratic Oath has also made me realise how hard it must be for doctors – if the first rule is 'do no harm' then how can you help someone die, but on the other hand if they're really suffering then maybe keeping them alive is 'harming'. These are all things that I will have to weigh up in my conclusion.

I think the research is going well, I'm trying to get information from different sources, not just the internet, and the library was able to order some useful books for me. As I mentioned earlier, when I've been looking for source materials it's been hard to keep information that focuses on euthanasia and suicide separate from physician assisted suicide because sometimes the line between them gets blurred. I solved this problem by being really selective in what I chose to use and used highlighters to pick out what's just about PAS.

My research has also made me realise that it's not just as simple as what the doctor thinks is morally or ethically right, the laws in different counties and even different states have really different views. This means that two doctors in two different countries could do the same action based on what they think was ethically right and one could be sent to jail and the other wouldn't. This means that when I'm planning my draft for the project I need to make sure that I include legal and international perspectives.

Final reflection – viva voce

On one hand, as I said in my interim reflection, I think this has been a really good issue to base my ethical dilemma on. On the other, sometimes I felt that it was just too subtle and complex to really get out all the things that I'd thought about into the project. For my first draft I just put everything in, but that meant that it was about 500 words over the limit. I went back and did some reorganising and took out some material that was actual case studies that I'd found. It was a shame that they had to go because it gave a more personal feel to the issue, but when I read it thorough again I actually thought the points flowed together better without them and my ideas were clearer. Also the case studies were mainly quoting with some comments, so it wasn't so much my ideas anyway. I think my research question worked well after I had changed it from my first attempt.

Writing the conclusion was definitely the hardest part. I didn't just want to repeat what I'd said in the rest of the project which would have just been a waste of time, and I did want to give my personal opinion which is what I think I did. I think it probably still have been improved by quoting evidence to back up my view point, but overall I think I did that in the essay before. More importantly I wanted it to be balanced while still stating my point of view, because it has changed a lot through the research I've done and I think it has given me a valuable insight into one of the biggest ethical dilemmas facing doctors today.

Supervisor's comments:

From the initial supervisor meeting it was clear that the candidate was extremely thoughtful and well-organised. They were already able to reflect on and evaluate both the research process (discussing wanting to avoid quoting from 'pro-suicide' websites because they 'misrepresented the

facts') and the nature of the ethical dilemma, showing for example, a developed understanding of how this was more than merely a controversial issue. They identified and did preliminary research into several different ethical issues which showed considerable intellectual initiative and was able to analyse their strengths and weaknesses before selecting one to develop into a research question.

In later meetings, they demonstrated very strong evidence of the ability to reflect critically on choices and decisions, for example explaining the reasoning behind rewriting their research question. Knowledge and understanding of the ethical dilemma was developed and, at times, sophisticated, for example making perceptive comments on the tensions between global medical ethics embodied by the Hippocratic Oath and local laws. Overall, they were able to articulate a reasoned position on the ethical dilemma, balancing personal engagement with other perspectives on the issue.

The Reflections on Planning and Progress Form is used very effectively to record the research process and their developing understanding of the ethical dilemma. It provides clear evidence of the ability to evaluate the effectiveness of source materials (eg. the decision to leave out the case studies) and considered reflection on the nature of the ethical dilemma.