1: Ethics, practice, selection and training.

"every consultation has an ethical component"
. Bradley (1983).

"To decide what type of treatment to prescribe a physician must weight factors of different types: in particular, facts and values."

Hill (1979; p.254)

"...it is crucial to any understanding of clinical judgement to see it as involving an ethical dimension"

Scriven (1979; p.14)

"Medical education today places too little emphasis on the ethical aspects of medicine..."

McIntyre and Popper (1983; p.1922)

"In practising medicine doctors routinely make decisions... Some, but only some, of these decisions are matters of technical skill. I submit that the majority of decisions taken by doctors are not technical. They are, instead, moral and ethical."

Kennedy (1981; pp76 and 78).

The choice of what action to recommend involves more questions of value ... than diagnosis. The closer we come to the end of the process of clinical judgement - the right action - the less useful and available is the scientific model. ... The reasoning at this stage is mainly dialectical, ethical and rhetorical."

Pellegrino (1979a; pp. 179 and 181).

Summary.

An overview of the thesis is presented, discussing the role of ethical attitudes in determining medical practice. A brief account of the three empirical studies is also given.

The practice of medicine involves a continual stream of decisions; some trivial, others literally vital; some technical, others ethical. It is ethical decisions which form the broad canvas of this thesis, ethics being taken in the widest sense as concerned with problems of assessing 'right action' for which purely technical answers are either not in principle possible, or perhaps are simply not technically possible at present; in either case decisions still have to be made, even if the result is only an act of omission rather than commission by simply deciding either not to act or not to make an explicit decision. Sartre has put it, "He who decides not to decide has in fact decided" (Goldenring, 1983). Such ethical decisions are important in medicine, are liable to become ever more important as technical advances occur (as for instance has been shown in the field of in vitro fertilisation), and are liable to become of increasing interest and concern to the public at large, and to governments (as evidenced by the creation of such groups as the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioural Research (Abram and Wolf, 1984), and the Warnock Committee (Anon, 1984a)). Furthermore the problems will be accentuated rather than diminished by the use of statistical decision analysis (see Brett, 1981), and are generally completely ignored by studies of 'clinical problem solving' (e.g. Kassirer and Gorry, 1978; Elstein, 1976; Elstein et al, 1978). The manner in which ethical decisions are made by doctors is also of growing interest to the ever-increasing group of professional 'doctor-watchers' (Jonsen, 1983).

That doctors disagree as to how ethical decisions should be made is a trivial observation (although the eloquent paper of Hilfiker, 1983, and its associated correspondence will provide an example, should it be

needed). How to explain and understand those disagreements is a far more complex problem; and melding the multitudinous attitudes and positions into a single coherent and generally acceptable set of professional policies is almost impossible, as is well illustrated by the almost totally bland nature of such works as the British Medical Association's Handbook of Medical Ethics (British Medical Association, 1980).

The present thesis has two themes, which are well reflected in the title of a paper by Alison Munro, once a head-mistress and then Chairman of a London Teaching Area Health Authority, in which she asks, "The wrong doctors: selection or training at fault?" (Munro, 1981). By "wrong" it is taken to mean the same as Jason (1978) when he said. "There is considerable dispute [whether] ... the capacity for self-initiated, independent learning [,]... effectiveness in establishing trust-based, empathic relationships [,]... and the ability to identify and solve complex clinical problems ... are present among current physicians to the extent that society deserves"; and it is assumed that these deficits are, in part, attitudinal, although technical incompetence and simple ignorance may also contribute. The two parts of Munro's question suggest that such problems arise either because the wrong students were selected in the first place (i.e. that attitudes are brought with the student when he arrives at the school), or are the direct consequence of medical training (i.e. the attitudes are bought at the school). The two positions may be likened to the nature-nurture controversy which has riven so much of biology, nurture in this case being seen as commencing at the age of admission to medical school. Part I of this thesis examines in detail the generally neglected question of how medical students are selected. As well as considering the specific question of whether acceptances differ from rejects in the ethical attitudes that they hold, the study also considers the questions of whether there are

factors in selection such as social class, schooling, etc., which have an indirect influence on the attitudes of students, and it places these questions in the broader context of asking how the process of selection occurs; Who applies for medical school; How are they short-listed for interview; How are they selected at interview; Is the process generally fair; and, finally, How can the process of selection be improved? Unless the process of selection itself is well understood then conclusions to its effects cannot be drawn. Munro is not unique in suggesting the need for change in selection, in its relation to attitudes, although Ewan and Bennet (1981) have disputed that position. In an influential review, Rezler (1974; p.1029) concluded that,

"attitudes are indeed highly resistant to change ... [H]ow can medical schools ever hope to develop new professional attitudes? The answer lies in selecting students who possess certain attitudes prior to entrance, attitudes that the medical profession considers important, instead of trying to develop such attitudes in students after they enter medical school"

and her conclusions were later echoed by a <u>Lancet</u> editorial (Anon, 1975).

Likewise, an editorial in <u>Medical Education</u> concluded that;

"Not all the qualities needed by doctors can be instilled by medical training; and some of those necessary attributes, particularly attitudes and values, will be more or less evident when appropriate scrutiny is made with technically sound selection methods" (Anon, 1979a, p.78)

Empirical support for that position is provided by Shuval (1980; p.115) who found that post-intern attitudes were about as well predicted by pre-entry attitudes as by pre-intern attitudes, suggesting relatively little overall change during the clinical years, although Shuval herself does not agree with that interpretation (p.217).

Part II of the thesis considers how students change as they pass through medical school. Once again the theme uniting these studies is the understanding of how ethical attitudes develop and change, but necessarily other issues arise in answering these questions. How much

can change be attributed to medical schooling per se, and how much to the concomitant ageing and maturation of students as they pass through medical school? Finally, do factors such as the religious views and the cultural interests of students affect their attitudes, both factors traditionally being linked to ethical attitudes through causal mechanisms in a number of ways. In particular, if there are correlates between, say, religion and attitudes, what is the direction of causation? changes in religious views cause subsequent changes in ethical attitudes, or is it rather that changes in ethical attitudes cause subsequent change in religious views? The method of cross-lagged panel correlations will be used to provide answers to such questions. Chapter 13 is the focal point of Part II, and the other chapters may be seen as converging on the issues raised in that chapter, providing the necessary tools and background analyses. The reader may do well to start Part II by reading chapter 13, then reading chapters 8 to 12, and then finally re-reading chapter 13.

Together it is hoped that Parts I and II, as well as providing what Kemp (1968) has called an "ecology of medical students", will begin to answer the questions raised by Munro (1981), in so far as they account for the differences in attitudes found between medical students. Two further assumptions will be necessary before differences between doctors can be explained. Firstly it must be shown that the attitudes of students correlate with the subsequent attitudes and behaviour of those students a number of years later when they become mature, practising doctors. There are, to my knowledge, simply no empirical prospective studies to justify that assumption, and at present it must simply be taken as a reasonable article of faith which would would seem to be well-supported by informal observation. The second assumption which must be supported is that the ethical attitudes of doctors actually matter,

and have a genuine effect in determining their practice, and the decisions they make in that practice. Such an assumption seems implicit in the continuing publication of studies on the attitudes of doctors and other personnel in the health professions. Table 1.1 lists the number of English-language references in Index Medicus under the heading 'Attitude of Health Personnel', over the 10-year period, 1974 - 1983. An average of 171 papers per year suggests that such attitudes are strongly felt to be relevant and important, at least by the researchers themselves. Similarly the continuing publishing success of the Journal of Medical Ethics emphasises the concern felt by doctors over ethical problems. And outside of medicine itself, there is a ready assumption of the relevance of attitudes to practice, reflected in the popular Gathorne-Hardy, 1984), in medical sociology (e.g Carlton, 1978; Bennett, 1979, p.175; Hauser, 1981, p.121), and in academic philosophy, which has seen a renaissance of interest in ethics in relation to medical problems (e.g. Bloch and Chodoff, 1981; Bok, 1978; Frey, 1983; Glover, 1977; Nagel, 1979; and Singer 1979).

A number of more concrete examples will help to emphasise the role of ethical attitudes in medical practice. A recent example concerns selection of patients in end-stage renal failure for dialysis and transplantation. The United Kingdom has one of the lowest rates of dialysis and transplantation in Europe. Analysis of the attitudes of nephrologists, general physicians, and general practitioners to active treatment in a series of hypothetical patients shows that many patients are not treated despite being acceptable to nephrologists, because GPs and physicians will not refer them. This 'negative selection' depends primarily on criteria of who 'should' be treated, rather than who 'could' be treated (Challah et al, 1984). Such decisions are almost entirely ethical rather than technical, and involve assessments of the worth of

lire, the worth or an individual, and the global cost of treatment to society, all of which are not primarily medical judgments; they are ethical.

Mechanic (1979; p.185) has suggested that "...physicians' political views are highly correlated with how they view the organisation and delivery of medical care", and as an example he quotes, amongst others, his own study of general practitioners (Mechanic, 1975). The attitudes and values of 772 GPs in England and Wales were assessed in relation to their 'social orientation', those with a high social orientation feeling that medicine should involve itself in a wide-range of everyday problems of patients. Doctors were also categorised in terms of their scientific orientation, by analysing their use of 19 diagnostic procedures over a two-week period. The combination of scientific orientation and attitudes related to a wide-range of other measures of the manner of practice of the doctors. Mechanic (1974) also found that the receptivity of American primary-care physicians to organisational change in their practices related to their political attitudes. A similar result was found by Goldman (1974), although Toone et al (1979) could find no relation between political attitudes and psychiatrists' models of mental illness.

A <u>British Medical Journal</u> editorial reviewed the work of Pallis and Stoffelmayer (1973), which showed correlations between the political and social attitudes of psychiatrists and their preference for physical treatments, and concluded that "...psychiatrists should be aware of associations between their social attitudes and the treatments they use. Disagreements ... between psychiatrists about efficacy of various forms of treatment are not based on reason alone. They stem in part at least from deeper roots. Might not inquiries of this kind describe [similar effects] among surgeons, or among general practitioners ...?" (Anon,

A study in which attitudinal effects are implicit but not explicitly studied, is that of Howie (1976). 593 general practitioners returned a questionnaire in which they were given a brief case history and a photograph of a sore-throat, and asked whether they would prescribe antibiotics. In 7 of the 12 cases the decision was dependent on the social circumstances of the case (the photographs being constant). For instance 16% of the GPs would administer an antibiotic to the "Son (aged 12) of the newly appointed district medical officer" whereas 24% would give an antibiotic to the "Son (aged 12) of the newly appointed hospital surgeon" (difference p<.05). Clearly therapy here is dependent upon social attitudes. Another example of implicit attitudes affecting treatment is the study of Bedell and Delbanco (1984) of cardio-pulmonary resuscitation (CPR) in an American hospital; "our study suggests that physicians frequently form opinions about a patient's attitude toward CPR ... These attitudes and behaviours appear to be independent of the physician's estimates of the probability of arrest, the location of the patient in the hospital, or the patient's underlying disease" (p.1091). The attitudes are clearly shown to affect what the patient is told, and often conflicted with the patient's own wishes concerning CPR. The determinants of these attitudes, which to large extent are ethical, are not clear.

Another study in which attitudes are important is in the success of the consultation as a form of communication; as Walton et al (1978) put it, "The doctor's attitude ... is one factor that has been clearly shown to affect compliance and understanding" (p.27). Rezler and Haken (1984) suggested that "lack of access to doctors, hurried visits, inadequate information, missed psycho-social problems, and the high cost of medical

care are frequent complaints voiced by patients [which] ... have their roots in the doctor's attitudes." (p.331).

One of the earliest and most cited quantitative studies of ethical attitudes of doctors is that of Oken (1966), who asked 219 physicians in a Chicago teaching hospital whether they would tell a patient that they had cancer; some 88% said that they would not. Quite clearly the attitude here must influence practice itself. The doctors' attitudes have been contrasted with those of patients, Weir (1979) placing the Oken paper alongside the survey of Kelly and Friesen (1950), in which it was shown that about 90% of patients, both those with and without cancer, would want to be told the nature of their disease. fairness it must be said that the attitudes of both oncologists and doctors in general have now changed substantially, a vast majority being in favour of telling the diagnosis; Greenwald and Nevitt, 1982; Novack et al, 1979). Oken (1966) concluded his influential paper by stating that, "our personalities, feelings and attitudes play a major role in determining the manner in which we communicate with and treat patients".

Hoffman (1958) reported an unusual and important survey which examined 89 American general practitioners to assess their ability as doctors, simply entitling the paper, "How do good doctors get that way?". The important negative results were that quality of care did not relate to background factors such as father's occupation, score on the MCAT (Medical College Admission Test), patient load, etc.. Instead the best correlates were variables which were far more under the active cognitive control of the physicians: the amount of post-graduate study; subscription to medical journals; membership of the American Academy of General Practice; having a well-equipped office, and having an appointments system. The implication is that those variables which

probably best reflect the <u>attitudes</u> of the doctors to their practice are also the best <u>predicters</u> of their ability in that practice. The same finding is reported in the unusual study of Coleman <u>et al</u> (1966) in which they observed the response of a group of doctors to the introduction of a new drug, given the pseudonym 'gammanym'. They found a number of correlates of rapid use of the new drug in practice, and they state:

"The factors examined up to this point have been external characteristics of the data: speciality, background, attendance at meetings, readership of journals, and so on. But implicit in many of these external characteristics are internal attributes: certain orientations to medicine, and indeed to life generally" (p.183, my emphasis).

Once more the implication is that attitudes in the broadest sense are important in determining the details of practice.

An unusually sophisticated study of attitudes is that of Link et al (1982). They investigated the attitudes of Israeli GPs towards psychiatry, finding four independent attitudinal dimensions; I: Belief in Psychogenesis, II: Psychiatric Fatalism, III: Referral reluctance, and IV: GP as caregiver. When they examined the behaviour of the GPs in their practice they found that factors I and III predicted the likelihood of GPs identifying patients as possible psychiatric cases, but did not relate to the probability of a case being referred to a consultant psychiatrist, once the case had been identified by the GP. The effects of the attitudes are therefore clearly demarcated and circumscribed, suggesting that they might not have the universal import suggested by some authorities.

Despite the suggestions of the above studies that attitudes are important in determining practice, it must be said that there is an embarassing dearth of studies in general which examine causes of variation between doctors in the way in which they practice. In the sociological literature the tendency is to examine a merely stereotyped

figure, 'the doctor', with little emphasis on differences, many of the studies being observational and qualitative rather than quantitative and assessing hypotheses (e.g. Rosser and Maguire, 1982). In the medical literature it has come to be accepted that doctors indeed differ in ability, or in personality, and in their practice (e.g. Marks and Hillier, 1983 as a single random example), but this is usually just accepted as a fact of nature, with no attempt being made to explain or understand such variation in relation to differences between the doctors themselves e.g. in studying their communicative abilities (Byrne and Long, 1976). Even if attempts are made they are usually in terms of what Coleman et al would call 'external characteristics', rather than of the internal characteristics which reflect the personality of the doctors concerned. A good example of this is the much-praised studies of British general practitioners by Ann Cartwright (Cartwright, 1967; and Anderson, 1981). Each study contains a chapter on "Variations between doctors", and in each case is almost totally concerned with differences in external characteristics; age, sex, etc.. In the present thesis I would argue that it is prima facie highly likely that differences in personality and attitudes of doctors are of interest and importance, and that such differences should be investigated, if for nothing else but to show the negative result that they are actually not of the importance that common-sense and intuition would suggest them to be.

The empirical studies.

The data for the present thesis are derived from three separate empirical studies, two of which, the <u>Birmingham Study</u> and the <u>St. Mary's Study</u>, will be analysed in some detail, and the third, the <u>Cambridge Study</u> will be used only to provide extra subjects for the factor analytic

sections of chapters 8 and 10. The St. Mary's study alone is used to investigate the process of student selection, while both the St. Mary's and Birmingham studies are used to study attitude change during the period at medical school, the Birmingham study being used to study attitudes in all years at medical school, both transversely and longitudinally, and the St. Mary's study being used to assess the importance of background factors.

For convenience a brief account of the structure of the three studies will be given here, and the full versions of the questionnaires may be found in appendices to this chapter. The St. Mary's study will necessarily be described in far greater detail in chapter 2.

The St. Mary's Study. All persons were studied who applied through UCCA (the Universities' Central Council on Admissions) during September to December 1980 for admission to St. Mary's Hospital Medical School in October 1981. Those with non-British addresses for correspondence were omitted from the study proper on the grounds of logistic convenience, although their final destinations were observed. All those in the full study (i.e. with British addresses) were sent questionnaire Ql (see appendix 1-1) by post as soon as possible after receipt of the UCCA form, and were asked to return it in a stamped addressed envelope that was provided. All applicants who presented for interview were asked to complete a second questionnaire, Q2 (see appendix 1-2), on their arrival at St. Mary's for interview. The Dean completed a proforma on each application at the time of reading the UCCA form (see appendix 1-3), and each interviewer also completed a proforma on each interviewee (see appendix 1-4). The author examined all UCCA forms to extract statistical information, and UCCA provided information on the final destination of each applicant in October 1981. The A-level examining boards provided information on A-levels obtained by applicants subsequent to their application to UCCA.

The Birmingham Study. This was carried out during the period October 1977 to October 1981 at the Medical School of the University of Birmingham, and was the successor to a preliminary study carried out there during February 1974. A single questionnaire was used (see appendix 1-5), which was distributed in individually addressed envelopes to all 1st, 2nd, 3rd, 4th and 5th year medical students on the first day of term in October 1977. Subsequently the same questionnaire was distributed to all new 1st year entrants to the medical school in October 1978, 1979 and 1980. In October 1981 the questionnaire was once more distributed to students in all five years of the medical school, including the new intake of that year. Figure 1-1 summarises the structure of the study in relation to the year of study in the medical school, the calendar year, and the cohort of entry of students to the medical school. The mean response rate in the thirteen 'year-groups' tested was 48.4% (SD 13.7%) with a range of 70.0% to 26.9%, the latter value coming from one of the final year groups, who are the most difficult to contact. In general response rates were highest in the five first-year groups (mean = 61.9%; SD = 7.5%). Several points must be emphasised about the design: i. There are two transverse studies, one in 1977 and one in 1981, and hence cohort effects may be distinguished from year of study effects. ii. The study is partly longitudinal in that those in the 1981 transverse study were also studied as new entrants over the period 1977 to 1980, some one to four years earlier. The design both cohort and year of study effects to be therefore allows distinguished, and also, since it is partly longitudinal, allows causal influences to be determined by examining the same individuals at

different times.

The Cambridge Study. This study examined a group of freshman medical students reading medicine at the University of Cambridge in October 1977. No follow-up of these students has been attempted. The questionnaire used was almost identical to that of the Birmingham study, except where minor changes were made on the first two pages to take account of local differences from Birmingham. The questionnaire may be found in appendix 1-6.

Figure 1-1. Shows the structure of the Birmingham study of medical student attitudes. The abscissa shows calendar years, and the ordinate shows years in the medical school. Single cohorts are represented by oblique lines, and the groups actually studied are shown as large solid points and lines. The large squares indicate the 1977 transverse study, the large triangles the 1981 transverse study, and the large circles the entrants during 1978-1980.

The Birmingham Study 1977-81

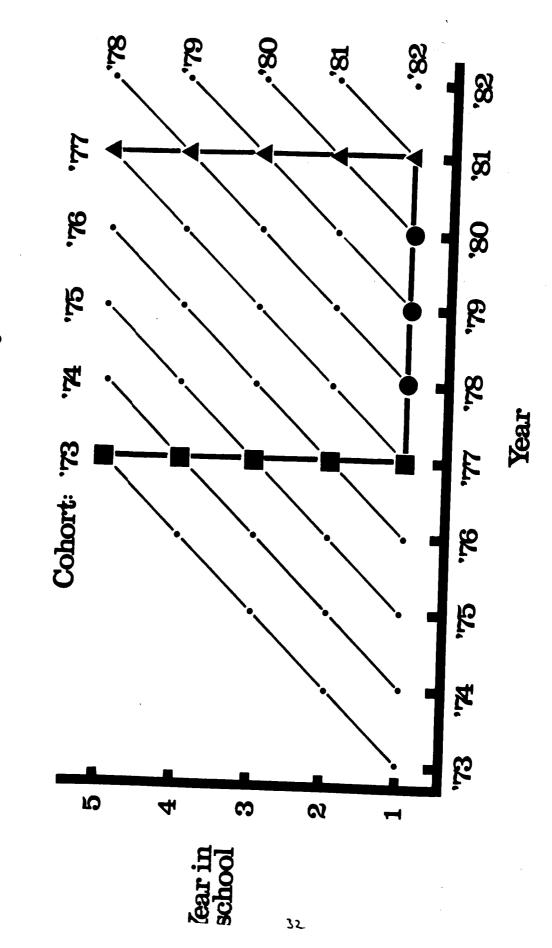


Table 1-1: Yearly references to 'Attitudes of Health Personnel' in Index Medicus for the years 1974 - 1983 (English language only).

Year	References.
1974	144
1975	201
1976	176
1977	207
1978	168
1979	176
1980	145
1981	169
1982	138
1983	188
Total	1712



Appendix 1-1.

St. Mary's study: Questionnaire 1.

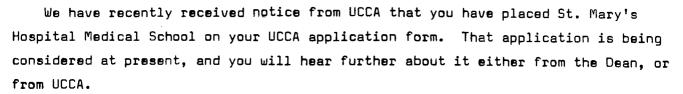
St Mary's Hospital Medical School

Norfolk Place London W2 1PG 01-723 1252

Dean: Professor Peter Richards, MA, MD, PhD, FRCP.

Secretary: K. Lockyer, BA.

Dear Applicant,



At St. Mary's we are interested in who is applying to study medicine and in how our selection process works. We are therefore carrying out a research project and would be grateful if you would help us in this by completing and returning the enclosed questionnaire. This questionnaire is entirely for the purposes of research, and its contents will not be known to those who are actually carrying out the selection of students. Please therefore answer as truthfully as possible in the knowledge that none of the information given will affect the selection process at all. Naturally all information given will be treated in the strictest of confidence and will be used for educational research only.

This research project was instigated by the Dean of St. Mary's and has his complete approval; however, none of the information will be made available to him until the selection process is completely finished, and then only for the purposes of research. I should also add that I myself am not involved at all in the selection of medical students.

Since this questionnaire is not a part of the official selection process its completion is not a <u>necessary</u> part of your application, and if you are opposed to completing it, this is a matter for you. Alternatively, if you do not wish to answer certain questions, please leave them blank and return the rest of the questionnaire. Since the study does have the approval of the Medical School I would however be most grateful if you could take the trouble to complete and return the questionnaire as soon as possible, in the enclosed stamped addressed envelope.

My thanks in advance for your cooperation.

I.C. McManus, MA, MB, ChB, PhD. Lecturer in Psychology as Applied to Medicine

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sople already tudying at medical chool										61

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your	father had:	(tick t	he ap	propriate	catego	ry (ies))				leas	
a) A	Higher Educa University Other prof education	essiona		ining with	hout un	iversity	•••••	••		8	lank	Ц
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∍ither ⁄ go t	of your pare o? Mother <u> </u>	nts is	medica	ally quali	ified, u	which me	dical	schoo]	ls did	8		0
many	siblings (bro	thers a	nd sis	ters) hav	/e you?							160
Pleas their	e indicate, in age, sex and	whethe	r they	are a me	dical s	student (or doc	tor.	-,			
	Sibling Numb	per	Sex	Age (ye	ears)	<u>Medica</u>	al Stu	dent/D	octor			18
	2.											7
	3.											
	4.											
	5.											
;	6.								71			38

)o you think that me; hem in fourth or fi		automati	cally rejec	ct cand	idate	s who	put		Blank
All of them / Mo	st of them /	A few of	them / None	of th	em				
low many of the medirisited? 0 1 2 3		chat you h	ave chosen	have y	ou ac	tually	/		
low many of your cho	sen medical s	chools ar	e on your 1	list be	cause	of:			
i. recommendation	ons from stud	lents there	at preser	nt? O	1 2	3 4	5		
ii. recommendatio	ons from your	school?		0	1 2	3 4	5	.	
iii. recommendatio	ons from doct	ors who t	rained ther	e? O	1 2	3 4	5		
iv. their nearnes	ss to yo ur pa	rental hor	me?	0	1 2	3 4	5		
v. their farnes:	s from your p	arental ho	ome?	0	1 2	3 4	5		
vi. their prosper	ctus?			0	1 2	3 4	5	İ	
ow important to you chool prospectus?	in choosing	to apply	to St. Mary	's was	the	medica	a1		
Very important /	Fairly impor	tant / 51:	ight import	anc e /	Unim	oortan	nt		
ould you like to be re-clinical training		at home u	whilst car	rying o	ut yo	זר			
Definitely Yes /	Probably Yes	/ Probabl	Ly No / Def	initel	y No				
ow important to you our UCCA application		cular orde	er of medic	al sch	ool p	refere	nce o	n	<u> </u>
It represents a d	clear order o	f prefere	ce for me	/					
It is moderately	important /	It is not	very impor	tant /				1	'
It is almost in '	chance orde	r						-	
ow old were you when		ad the ide	a that you	would	like	to be	come	а	
	years			,					
ow old were you wher octor?	years	età decide	ed that you	n Mon1q	like	to be	COME (a	
ow much did the foll pplying to study med	dicine?					_ •			
	Strongly Mencouraged e	nconradeq	Not much influence	<u>Moderat</u>	raged	Stror disco	nrade orade	d	
our parents									
our school teachers							-		
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eading newspapers		ĺ							
our own general ractitioner									
chool friends or lose colleagues									
eople already tudying at medical									

ich one might be interes lare most interested. lect, and so on, down to	sted. Please Then put a "	put a "1" ag	ainst that as e second most	pect in which	Blank
Learning about the so	cial aspects	of disease.			
Learning about the psy	ychological a	spects of dis	ease.		
Learning about the phy	/sical aspect:	s of disease.		j.	
Learning how to take :	responsibilit;	y for patient	S .		
Learning now to carry	out complex a	operations on	patients.		
Learning about researc	ch.				
Yes, I have inclination field, but have not find No, but I have firmly kinds of work No, I am quite undecidather or not you have make ference for a career and state of the state of th	thally decided decided againg the following	ind, please industry broad type	pes of medica	degree of	'5
	Very interested	Fairly interested	Not very interested	Uninterested	
sic medical sciences or Iginal research					14
spital or specialist rk with continuing sponsibility for cients					
inical practice out- de hospital e.g. meral practice					
spital or specialist ok without continuing onical responsibility q. radiology, mesthetics					
epital or specialist ok of a laboratory oure e.g. pathology, cocciology,biochemistry					
-clinical work e.g. lic health, medical inistration					a;

ow is a detailed list of specialties in which a medical career can be sued. Please indicate your attitude towards the specialties as a possible eer. If you either know nothing about a specialty, or have no opinions ut it at all, simply leave that answer blank.

Please Lea Blank

	Definite intention to go into this	Very attractive	Moderately attractive	Not very attractive	Definite intention not to go into this		_
esthetics							22
iology/Radiotherapy							_
thalmology							_
natology						_	_
nology						l	_
, Nose Throat surgery						<u> </u>	4
gery (including rosurgery, thoracic gery, etc.)							
umatic and nopaedic surgery							
icine in hospital cluding cardiology, cology, etc.)							
tetrics/Gynaecology							4
diatrics							4
chiatry						<u> </u>	4
eral Practice ngle-handed)							
eral Practice all partnership)							
eral Practice rge group or health tre)							
ic medical sciences							_
ical Research							4
oratory medicine crobiology, Chemical hology, Haematology							
rmaceutical ustry							
ical administration	,						
lic Health, Social icine							
senic medicine							
ustrial medicine							
ed Forces							45

	- 7 -				1
stimate how the following state tick in the appropriate box.	ments descrit Definitely Yes			py placing Definitely No	Please Leave Blank
prefer to follow up my own leas rather than to concentrate set work.					0
cover assigned work equally ll whether it interests me or t.					
prefer not to restrict myself ly to recommended reading.					
do not consider the best way learning is by only complet- g the set work and doing the quired reading.					
find a discussion of a topic re useful than a systematic presentation.					
find it difficult to tackle mething unless I know just at is expected.					
don't let myself get diverted to something unless I know st what is expected.					
isn't often I try to think doing something differently om the way described in sture or book.		ļ			
like to feel that everything portant is contained in my tes.					
you are not accepted for medica	al school thi	s year wil	ll you:-		
-	Definitely Yes	Probably Yes		Definitely No	
oly to medical school again kt year?					
take your A-levels in order obtain better grades?					
oly to university to study ntistry?					
oly to university to read other biological science? If so, what?					
oly to university to study a n-biological science? If so, what?					
oly to university to study non-science subject? If so, what? oly to study a para-					
dical subject e.g. nursing, ysiotherapy, etc.?					
ner. Please specify		1			

you have any comments, or criticisms, of the medical school selection ocess, please write them here. Such comments are often the most valuable rt of a survey.

Appendix 1-2.

St. Mary's study: Questionnaire 2.

University of London

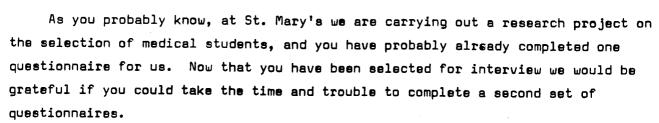
St Mary's Hospital Medical School

Norfolk Place London W2 1PG 01-723 1252

Dean: Professor Peter Richards, MA, MD, PhD, FRCP.

Secretary: K. Lockyer, BA.

Dear Interviewee.



These questionnaires are fairly lengthy, but this is necessary in order to obtain an adequately broad perspective. Please do not take very long answering ear question; it is your immediate reaction rather than a deeply considered response which interests us. You may feel that you are unable to answer some of the questic as you do not have sufficient knowledge or do not understand them; if this is the case, please leave that answer blank. This study is part of a much wider study involving several other medical schools and medical students who have progressed much further through the course, and the same questionnaire is intended to apply to all of them and hence some questions may well seem too complex for you. You may also feel that some questions are silly or pointless; nevertheless we do have good grounds for believing that these questions are useful, and we would ask you to bear with us in answering them. Finally, we are aware that some of the questions are derived from American studies and hence may seem to be worded in a strange way; one more, please try and bear with us.

As with the previous questionnaire, the present one has the full approval of Dean of St. Mary's. It is however purely for the purposes of educational research and none of the replies will have any influence at all upon the process of selection and indeed will not be analysed until the selection process is complete. Since th questionnaire is not a part of the official selection process, please try and be a truthful as possible! The questionnaire is not a necessary part of your applicati to the medical school, and if therefore you are opposed to completing it this is a matter for yourself. Alternatively if you feel that you would prefer not to answe some questions please leave them blank. In the interests of research I would howe be grateful if you could take the trouble to complete as much of the questionnair as possible.

My thanks in advance for your cooperation,

MA. MB. ChB, PhD.



	Quest	ionnaire B1							Please Leav Blank
Name (in block capitals please	١								8
	<i></i>	<u> </u>							1
<u>Sex</u> Male/Female									
<u>Today's date</u> / / 19		4. Date of	Birth			/_		/ 19	╟┼╂┼╂
What is the time now?									$\parallel + \parallel +$
									26
Have you had your interview ye									
If <u>yes</u> , at what time did i									30
If <u>no</u> , at what time do you	expect	it to start?	? —		_ h	rs	 	mins	
low many other medical schools	have:				-				
i. Already interviewed y	ou?		0	1	2	3	4		33
ii. Are definitely going		/iew vou?	0	1	2	3	4		
iii. Have made you an unco					2				
·									
iv. Have made you a condi	tional o	fer?			2				I Н.,
v. Have rejected you?			0	1	2	3	4		35
here can be no 'right' answer nich of the following areas ha assed through. Answer by put	eve you	visited? Exick in the a	abbrob	ria	te	col	umn:	ve only -	
_									
France	-		+				\dashv		H"
Germany Italy									
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India / Far East									
Russia / China						-	\dashv		
Australasia North America			+						
South America									c3

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Playing sport	1010,										М	
In a pub						ļ	Ţ					
On hobbies		L			1	<u> </u>	<u> </u>					16
Do you play sport f	or a	team	?	No/Yes								17
Estimate how many t	imes	per	year	уоц а	ittend t	he fol	lowing	:-				
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Theatre												18
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Classical conc	erts										H	
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Cricket matches												
Parties					<u> </u>	<u> </u>	<u> </u>					25
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		0		1 - 5	6 - 10	11 - 2	20 21 -	- 50	50+	Ì		
Fiction			- [-		
Non-Fiction										∄		34
How many works have in the appropriate b		read	bу 1	the fo	llowing	author	s? Ple	ese p	ut a ti	ick	.	
z, the appropriate .			More	Э				Mo	re			
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			one	_				٥٦	e	1	—	
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Albert Camus				Tols	Uris		\vdash			-	H	H
Dostoievsky				Virgi	inia Wo					- 1	Н	H
Margaret Drabble	<u> </u>			4	rd de B							
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Graham Greene				Freud		,						
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James Joyce				4	Laing				\dashv	1	H	H
D.H. Lawrence					Lewis							
Doris Lessing	<u> </u>			Marx					\exists			\Box
Christopher Marlowe Maupassant	 -			1	Stuart				-		 	H
George Orwell				•	Popper	10			\dashv	}		H
Harold Robbins				E.F.	Schumed							
John Steinbeck					Watsor	1				j	\square	П
Solzhenitsyn				Gombr	rich	i				- 1	\$6	∐³ 0

Solution Solution			- 3 -					Please Le	
Christian / Jewish / Agnostic / Atheist / Other (please specify) 7. How often do you attend church? Never / On festive occasions only / Between three and ten times per year / About once a month / every week 1. Which hand do you write with? Always Right / Usually Right / Either / Usually Left / Always Left 1. How often do you read the following newspapers or journels? Usually Moderately often Rarely Never Daily Exprese Deily Mail Deily Mirror Daily Telegraph Guardian Morning Star The Star Sun The Star Sun The listener New Society The Listener New Scientist For the following questions, on ethical, moral and political issues, please remember that there are no right or wrong enswers: it is your opinions which ere required. If you do not wish to enswer a question, or do not understand it, please leave it blank. Defin-Prob-Prob-Definitely ably ably itely Yes Yes No No Is a strong professional identity necessary for the practice of good medicine? Are psychiatric hospitals in need of greater funds and resources, if necessary at the expense of other parts of the Health Service? The Inverse Care Lew says that in this country the areas with the greatest medical need have the least medical resources: cen this be true? Is psychosurgery justified on convicted	5.	Cigarettes	(Number	per day) per week	:)			Blank	
Never / On festive occasions only / Between three and ten times per year / About once a month / every week i. Which hand do you write with? Always Right / Usually Right / Either / Usually Left / Always Left i. How often do you read the following newspapers or journals? Usually Moderately often Rarely Never	5.				(pleas	se spec	eify)		
Usually Left / Always Left How often do you read the following newspapers or journels? Usually Moderately often Rarely Never	7.	Never / On festive occasions only / Between three and ten times							
Usually Moderately often Rarely Never Daily Express Daily Mail Daily Mirror Daily Telegraph Guardian Morning Star The Star Sun The Times Local Newspaper New Society The Listener New Scientist For the following questions, on ethical, moral and political issues, please remember that there are no right or wrong answers: it is your opinions which are required. If you do not wish to enswer a question, or do not understand it, please leave it blank. Defin- Prob- Prob- Definitely ably ably italy Yes Yes No No Is a strong professional identity necessary for the practice of good medicine? Was the introduction of the NHS a retrograde step? Are psychiatric hospitals in need of greater funds and resources, if necessary at the expense of other parts of the Health Service? The Inverse Care Law says that in this country the areas with the greatest medical need have the least medical resources: can this be true? Is psychosurgery justified on convicted	١.								
for the practice of good medicine? Was the introduction of the NHS a retrograde step? Are psychiatric hospitals in need of greater funds and resources, if necessary at the expense of other parts of the Health Service? The Inverse Care Law says that in this country the areas with the greatest medical need have theleast medical resources: can this be true? Is psychosurgery justified on convicted	1.	Daily Express Daily Mail Daily Mirror Daily Telegraph Guardian Morning Star The Star Sun The Times Local Newspaper New Society The Listener New Scientist For the following questiremember that there are which are required. If	ons, on ethical, moral no right or wrong answyou do not wish to ans	and povers: it	litica is youestion	l issuur opin, or	es, pleas nions do not Defin- itely	8	
Are psychiatric hospitals in need of greater funds and resources, if necessary at the expense of other parts of the Health Service? The Inverse Care Law says that in this country the areas with the greatest medical need have the least medical resources: can this be true? Is psychosurgery justified on convicted		for the practice of good medicine?							
funds and resources, if necessary at the expense of other parts of the Health Service? The Inverse Care Law says that in this country the areas with the greatest medical need have the least medical resources: can this be true? Is psychosurgery justified on convicted									
country the areas with the greatest medical need have the least medical resources: can this be true? Is psychosurgery justified on convicted		funds and resources, if necessary at the							
		country the areas with t need have the least medic	he greatest medical						
			ed on convicted						

	Defin- itely Yes		Defin- itely No	
GP s prescribe psychoactive agents too commonly as a panacea all ills?				3
uld the following be provided or allowed under the NHS? i. Trans-sexual surgery i. Cosmetic surgery i. Contraception v. Providing heroin for addicts				
commercial competition necessary for progress in drug research?		 		
uld GP s be able to prescribe brand-name drugs when cheaper ivalents exist?				
uld barbiturate prescription be controlled by stricter legal cedures?				
uld more health education be used to discourage cigarette king?		 		
uld legislation be used to restrict cigarette consumption?		 		
which of the following situations in which an abortion has a requested would you think that it should be performed?				
 i. A woman with congenital heart disease who is unlikely to survive the rigours of childbirth. i. A woman known to be definitely bearing a fetus with spina bifida. 				
 A woman who might have had German Measles earlier in pregnancy. A 13-year old girl who has been raped. 				
v. A 25-year old woman who has been raped. i. An unmarried woman who is pregnant as a result of failed contraception. i. A woman who has failed to use any form of contraception.				
i. A 38-year old motherof six. patients have the right to full information about their illnesses?				
octor has a patient who refuses the first-line treatment ered to him. Is it the doctor's duty to offer an alternative of treatment?				
uld more cancer patients be told the true nature of their dition?				
Dehovah's witnesses have the right to expect a dangerous ration without the administration of blood?				
Jehovah's witnesses have the right to expect that their ldren will be treated in accord with their own wishes?				
the powers of the General Medical Council too far reaching?				
uld amniccentesis be compulsory for all pregnant women?		 		
uld all known carriers of genetic disease be sterilised?		 		
poverty still a major cause of disease in this country?		 		
it possible that civilisation will cause more disease than cures?				
uld all research on test-tube babies be prohibited?		 		
politics relevant to medicine?				
ld you welcome more articles about medicine in the newspapers	1			67

8

Defin- Prob- Prob- Definitely ably ably itely
Yes Yes No No

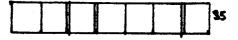
hould immediate infanticide be permissible for children born ith gross multiple abnormalities?			
hould euthanasia be possible if a patient has previously greed to it whilst in full possession of his faculties?			
nould euthansia be possible even if a patient has previously ade no statement as to his wishes?			
s it reasonable to remove kidneys for transplantation from any scident victim, post mortem, unless specific written evidence the contrary is found?		j.	
you think that there is a tendency for Asian doctors in the 4S to not be given promotion because of their race?			
you think it is more difficult for the GP than for the spital consultant to keep up to date in medicine?			
) you think the GP will play a vital role in the delivery 'medical care in the future?			
you think the working environment of the GP is less intel- actually stimulating than that of the hospital consultant?			
you think the GP deserves as much prestige in the medical cofession as does the hospital consultant?	!		
) you think the GP should play a larger role in the teaching the medical student?			
) you think that the financial reward of the G.P. is stisfactory relative to other branches of medicine?			
you think that the GP tends to develop more interesting alationships with his patients than does the hospital consultant?			
you think most doctors enter general practice because they all be unable to get a hospital consultant's post?			
e GP s as well qualified as hospital consultants?			
you think only pre-clinical medicine should be taught which directly relevant to clinical medicine?			
a detailed knowledge of anatomy essential for all doctors?			
ould teaching of undergraduates at peripheral hospitals be couraged?			
es repetition provide a useful way of emphasising important ints in a curriculum?			
practical experience more important than academic knowledge the education of medical students?			
nould students be encouraged to question views expressed by insultants?			
you think that consultants might often put over their own litical views under the guize of medical opinion?			
private practice acceptable for consultants within the NHS ing NHS facilities?			
private practice acceptable if it is entirely independent the NHS?			
; it likely that criminality will be shown to be a genetic eait?			
nould insanity be regarded as a mitigating factor in criminal occeedings?			
nould mentally ill criminals be treated in prisons rather			

	Defin- italy Yes	 Prob- ably No	
Oo you think that capital punishment should be brought back: i. for all murders? ii. for murder of police or prison officers? iii. for acts of terrorism?			
Are people motivated to work only by financial reward?			<u></u>
Are wage differentials important for encouraging skilled labour amongst manual workers?		 •	
Should the distribution of wealth in this country be made more equal?			
Is heavy taxation at high income levels discouraging personal initiative and incentive?			
Should there be encouragement of profit—sharing schemes for employees?			. <u>.</u>
Are entrance charges for museums and art galleries desirable?			
Should one make all possible efforts to save the life of a 'irst-time overdose'			
should one make all possible efforts to save the life of a serson who has taken his tenth overdose in three months and is not psychiatrically ill?			
s ECT (Electro-convulsive therapy) a treatment whose usage hould be more strictly controlled?			
hould the doctor-patient relationship be completely onfidential, even at the possible risk to other individuals? e.g. a patient who says that he is sure he is going to urder his wife).			
ould severe statutory prison sentences be the best means of eterring potential rapists?			
s the purpose of prison to punish rather than to reform or ehabilitate?			
s all pornography morally harmful to the individual?			
hould the public display of pornographic material be more trictly controlled?			
nould the availability of pornographic material be more trictly controlled?			
you consider that all forms of advertising are acceptable?			
ses the individual have the right to commit suicide?			
as sociology a valid place in a university?			
s poverty in this country primarily a result of personal nadequacy?			
nould children be given sex education at the following ages:- i. before 5 years			
ii. 6 - 9 years iii. 10 - 12 years	-	 	
iv. 13 - 16 years			
knowledge an end in itself?	 	 	
aggression part of human nature?		 	
nould cannabis be legalised in this country?		 	
you think that genetics is far more important than vironment in determining intelligence?			

(FSP

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	Defin- itely Yes		Prob- ably No	Defin- italy No
s compulsion preferable to education in decreasing birth ates in the developing world?				
hould the consultant be the only person responsible for making ecisions about patient management?				
hould the consultant be the main person to make decisions bout resource allocations and priorities in his own hospital?				
oncerning homosexuality:-				
i. Is it pathological rather than just a variation of normal sexuality?ii. Are homosexuals born rather than made?iii. Should homosexuals be encouraged to be heterosexual?				
iv. Should homosexual couples be allowed to adopt children?				
nould the state provide care and accomodation for the elderly?				
an sociologists provide insights into medical practice?				· · · · · · · · · · · · · · · · · · ·
odoctors sometimes impose their own moral pre-conceptions on their patients?				
∍ there much in good medical diagnosis that cannot be ritten down in books?				
ave scientific advances in medicine led to a dehumanised ttitude to patients?				
nould more consideration be given to social and psychological actors in disease?				
s it reasonable to object to the use of ECT simply because ts mode of action is unknown?				
s it of any consequence if racial differences in ntelligence are demonstrated?				
nould researchers be allowed to research into differences n intelligence between races?				
B co-education desirable in secondary schools?				
nould greater status be given to ability and experience ather than to educational qualifications?				
3 there too much violence on television?		ļ		
n your opinion does television violence exacerbate teenage rime?				



nat percentage of the wealth of this country do you think

there were a general election tomorrow, for which party

s owned by the richest 10% of the population?

ould you vote? _____

How	long	did	it	take	you	to	complete	this	questionnaire?
-----	------	-----	----	------	-----	----	----------	------	----------------

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If you have any comments you would like to make, either about this study in particular, or medical student selection in general, please write them on this sheet. Such comments are often the most valuable part of any survey.

Thank you for your help by completing this questionnaire. Please place it in the envelope provided, write your full name on the outside of the envelope, and return it immediately to the Porter's Lodge.

Appendix 1-3.

St. Mary's study: Dean's proforma.

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indidate's Name _	UCCA Number									
			Study	Number	8					
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level Results										
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	Possible Interv	/iew	B ₂			17				
	Probably not in	nterview	C ₁							
	Definitely not	interview	C ₂							
	Courtesy Interv	/iew			8					
	Candidate pre-i	nterviewed		1,	1					
	Candidate knowr	personally								
	Parents known p	ersonally								
	School known pe	ersonally								
	Attached corres	pondence								
										

Appendix 1-4.

St. Mary's study: Interviewers' proforma.

Interviewer's Initial	8	
Candidate's Name		UCCA Number
		Study Number
lealth	Good / Doubtful / Bad	
Academic Ability	Adequate / Doubtful / Not Adeq	uate
⁾ ersonality	Suitable / Doubtful / Unsuitab	le
Octential Contribution Contribution	Good / Moderate / Small	
otential	High / Medium / Low	

Personal Recommendation

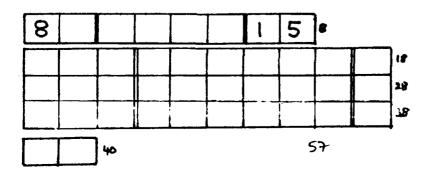
Take	Α .
Take if possible	B ₁
Waiting list	B ₂
Reject	С

or Chairman only

Panel's Recommendation: A B₁ B₂ C Undecided

If <u>Undecided</u>: Dean's Decision A B_1 B_2 C

lease leave blank



Appendix 1-5.

Birmingham study: Questionnaire and variants for follow-up survey.

The University of Birmingham

Medical School, Vincent Drive, Birmingham B15 2TJ Telephone 021-472 1301

Dear Student,

As part of a study involving several universities I am distributing a large questionnaire to your year, which I would be grateful if you would take the trouble to complete. The questionnaire is long and detailed but this is necessary in order to obtain an adequately broad perspective.

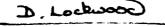
Naturally, as in all such research, your replies will be kept strictly confidential. We would however appreciate it if you would give your name as this will allow a follow-up at a later date. I must emphasise again that this data is confidential and is totally independent of any university body and is solely for the purposes of research.

The questionnaire covers a wide range of topics and it is possible that you will either not want or not be able to answer a particular question:

f so, simply leave that reply blank.

Please return the completed questionnaire in the enclosed envelope, to the 'L' pigeon-hole in the Medical School. If you have any comments to take please feel free to write them in the space left for this purpose on the tack of sheet 9.

Thanking you in advance for your co-operation,



Diana N.J. Lockwood Medic VI

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of Birth: 19			•	
of school attended:- Independent Public Scho	Comprehensive, ool / Private /	Direct Grant / Secendary Moder	Grammar / cn / Other (specify)	
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North America		 		

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Robbins E.F. Schumacher teinbeck Lyall Watson	Austen t Camus ievsky ret Drabble e Eliot rick Forsythe er Grass a Greene an Hesse s Huxley Joyce wawrence Lessing copher Marlowe				Edward of Erich von Charles Eysenck Freud Galbrait Illich R.D. Lai C.S. Lew Marx John Stu	e Bono on Danike Darwin h ng is art,Mill			
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	owing news	papers or j	ournals?		•	lea bla
	Usually Mod	erately oft	en Rare	ely Neve	er	
Daily Express						4
Daily Mail Daily Mirror						
Daily Telegraph			3			
Guardian Morning Star						
Sun						
The Times Local Newspaper						
New Society						
The Listener New Scientist						
imate how the following sk in the appropriate box.		scribe your	study ha	abits, by	placing a	
		Definitely Yes	Prob ab ly Yes	Probably No	No No	y
refer to follow up my own her than to concentrate of	on set work.					┩╟╼┦
over assigned work equals ther it interests me or r						
efer not to restrict mys	self only					_
not consider the best wants is by only completing and doing the required	ng the set					
nd a discussion of a top						
nd it difficult to tack! ss I know just what is e						
i't let myself get diver hing unless I know just ted.						
sn't often I try to thi hing differently from the ibed in lecture or book	he way					
e to feel that everythi tant is contained in my	-					
ollowing questions, on e are no right or wrong t wish to answer a ques	answers: it	is your op	inions whand it, pand	nich are molease les n- Prob- F	required. Inverse it blander of the Prob- Defin	f k. -
			itely Yes	y ably a	No No	_
strong professional ide lee of good medicine?	nti ty n ec ess	ary for the				_
ne introduction of the	NHS a retrog	rade step?				J
sychiatric hospitals in ces, if necessary at the Health Service?						
werse Care Law says the with the greatest medical resources: can this	cal need have	-				3
Annumanus tratted of		riminala?				1 11-1

	Defin- itely Yes		
P s prescribe psychoactive agents too commonly as a panacea all ills?		·	
ld the following be provided or allowed under the NHS? Trans-sexual surgery Cosmetic surgery Contraception Providing heroin for addicts			
mmercial competition necessary for progress in drug research?			
d GP s be able to prescribe brand-name drugs when cheaper alents exist?			
d barbiturate prescription be controlled by stricter legal dures?			
d more health education be used to discourage cigarette ng?			ļ
i legislation be used to restrict cigarette consumption?			 ļ
ich of the following situations in which an abortion has requested would you think that it should be performed?			
A woman with congenital heart disease who is unlikely to survive the rigours of childbirth. A woman known to be definitely bearing a fetus with			 -
spina bifida. A woman who might have had German Measles earlier in pregnancy.			
A 13-year old girl who has been raped.			 <u> </u>
A 25-year old woman who has been raped. An unmarried woman who is pregnant as a result of failed contraception. A woman who has failed to use any form of contraception A 38-year old mother of six.			
ients have the right to full information about their lnesses?			
or has a patient who refuses the first-line treatment i to him. Is it the doctor's duty to offer an alternative f treatment?			
more cancer patients be told the true nature of their ion?			
ovah's witnesses have the right to expect a dangerous ion without the administration of blood?			
ovah's witnesses have the right to expect that their on will be treated in accord with their own wishes?			
e powers of the General Medical Council too far reaching?			
amniocentesis be compulsory for all pregnant women?			
all known carriers of genetic diseases be sterilised?			 <u> </u>
erty still a major cause of disease in this country?			 <u> </u>
possible that civilisation will cause more diseases t cures?			
all research on test-tube babies be prohibited?			
itics relevant to medicine?			
you welcome more articles about medicine in the newspapers articles were responsible and accurate?			

	Defin-			
	itely Yes	Yes	ably No	itely No
ld immediate infanticide be permissible for children born gross multiple abnormalities?				
ld euthanasia be possible if a patient has previously agreed t whilst in full possession of his faculties?				
ld euthansia be possible even if a patient has previously no statement as to his wishes?				
t reasonable to remove kidneys for transpantation from any ient victim, post mortem, unless specific written evidence ne contrary is found?				
ou think that there is a tendency for Asian doctors in the co not be given promotion because of their race?				
ou think it is more difficult for the GP than for the tal consultant to keep up to date in medicine?				
think the GP will play a vital role in the delivery dical care in the future?				
u think the working environment of the GP is less lectually stimulating than that of the hospital consultant?				
u think the GP deserves as much prestige in the medical ssion as does the hospital consultant?				
think the GP should play a larger role in the teaching medical student?				
think that the financial reward of the GP is satisfactory we to other branches of medicine?				
think that the GP tends to develop more interesting onships with his patients than does the hospital consultant	?			
think most doctors enter general practice because they be unable to get a hospital consultant's post?				
s as well qualified as hospital consultants?				
think only pre-clinical medicine should be taught which ectly relevant to clinical medicine?				
etailed knowledge of anatomy essential for all doctors?				
teaching of undergraduates at peripheral hospitals be aged?				
<pre>>petition provide a useful way of emphasising important in a curriculum?</pre>				
ctical experience more important than academic knowledge education of medical students?				
students be encouraged to question views expressed by tants?				
think that consultants might often put over their own all views under the guize of medical opinion?				
rate practice acceptable for consultants within the NHS IHS facilities?				
rate practice acceptable if it is entirely independent NHS?				
.ikely that criminality will be shown to be a genetic				
insanity be regarded as a mitigating factor in criminal ings?				
mentally ill criminals be treated in prisons rather		1	•	

	Defin- itely Yes	-	
ou think that capital punishment should be brought back:-			
i. for all murders? li. for murder of police or prison officers? li. for acts of terrorism?			
seople motivated to work only by financial reward?			
age differentials important for encouraging skilled r amongst manual workers?			
d the distribution of wealth in this country be made more ?			
avy taxation at high income levels discouraging personal ative and incentive?			
d there be encouragement of profit-sharing schemes for yees?			•
itrance charges for museums and art galleries desirable?			
i one make all possible efforts to save the life of a -time overdose?			
l one make all possible efforts to save the life of a who has taken his tenth overdose in three months not psychiatrically ill?			
'(Electro-convulsive therapy) a treatment whose usage be more strictly controlled?			
the doctor-patient relationship be completely ential, even at the possible risk to other idividuals? a patient who says that he is sure he is going to r his wife).			
severe statutory prison sentences be the best means of ing potential rapists?			
purpose of prison to punish rather than to reform or litate?			
pornography morally harmful to the individual?			
the public display of pornographic material be more ly controlled?			
the availability of pornographic material be more ly controlled?			
consider that all forms of advertising are acceptable?			
he individual have the right to commit suicide?			
ciology a valid place in a university?			 <u> </u>
erty in this country primarily a result of personal nacy?			
children be given sex education at the following ages:- i. before 5 years			
i i. 6 - 9 years iii. 10 - 12 years			
iv. 13 - 16 years.	·		
owledge an end in itself?			
ression part of human nature?	 		 -
i cannabis be legalised in this country?	 		
think that genetics is far more important than environment termining intelligence?			
mrapsychology (ESP, psychokinesis, etc.) deserve serious	i į	i	ļ

y.	Defin-	Prob-		Defin
	itely	ably	ably	itely
npulsion preferable to education in decreasing birth	Yes	Yes	No	No
in the developing world?				
the consultant be the only person responsible for making ons about patient management?				
the consultant be the main person to make decisions resource allocations and priorities in his own hospital?				
ning homosexuality:-				
Is it pathological rather than just a variation of normal sexuality? Are homosexuals born rather than made? Should homosexuals be encouraged to be heterosexual? Should homosexual couples be allowed to adopt children?				
the state provide care and accomodation for the elderly?				<u> </u>
ciologists provide insights into medical practice?				
tors sometimes impose their own moral pre-conceptions heir patients?				
re much in good medical diagnosis that cannot be n down in books?				
cientific advances in medicine led to a dehumanised de to patients?				
more consideration be given to social and psychological s in disease?				
reasonable to object to the use of ECT simply because de of action is unknown?				
of any consequence if racial differences in igence are demonstrated?				
researchers be allowed to research into differences ellgience between races?				
education desirable in secondary schools?				
greater status be given to ability and experience than to educational qualifications?				
me too much violence on television?				
r opinion does television violence exacerbate teenage				
ercentage of the wealth of this country do you think ed by the richest 10% of the population?	•	*****		
re were a general election tomorrow, for which would you vote?				

I have any comments you would like to make, either about this questionnaire 'ticular, or about medical education in general, please write them on the se side of this sheet.

Thank you for your help in completing this questionnaire.

hand do you use to write with? Right/Left



The University of Birmingham

Medical School, Vincent Drive, Birmingham B15 2TJ Telephone 021-472 1301

ar Student,

You may remember that a while ago we asked you to complete a lengthy estionnaire. We had an excellent response to that questionnaire, and the rults are being analysed at present. However we are also interested in the in which attitudes, etc., have changed since that previous questionnaire; we therefore asking you, whether or not you completed the previous questionnaire, you would be willing to complete the enclosed questionnaire. We realise that questionnaire is very long, but this is necessary in order to obtain an quately broad perspective. We have included almost all of the questions from previous questionnaire, so that if you completed the questionnaire before we ld be grateful if you would bear with us and complete the whole questionnaire more. May we also assure you that at present we have no plans for a further low-up.

Naturally, as in all such research, your replies will be kept strictly idential. It would be appreciated if you could give your name as this will w us to compare and contrast the results with the previous results. I must asise again that this data is confidential and is totally independent of any ersity body and is solely for the purposes of research.

The questionnaire covers a wide range of topics and it is possible that you either not want or not be able to answer a particular question: if so, ly leave that reply blank.

Please return the completed questionnaire in the enclosed envelope, ie 'L' pigeon-hole in the Medical School. If you have any comments to make se feel free to write them in the space left for this purpose on the back seet 9.

Thanking you in advance for your co-operation.

D. Lockwood

Diana N.J. Lockwood Medic VI

				16
MAIS / FEMAIS				01
Married / Single.			L_L_ '	+
'ear of Birth: 19	,			
Type of school attended:- Independent Public Scho		Direct Grant / Gra		-
las your school single-sex	or mixed?			 -
-level grades obtained:-	Subject	Grade		-
	1.			
.b. if a subject has	2.			
een taken more than nce please give best	3. 4.			
rade obtained.				
hat A-level grade 'offer'	mas made to you by	y this university?	(e.g. 2 B's and a C).	-
hich universities and subjection	ects did you write	on your UCCA form	1?	
•	University	Subject		
	1.			
	2. 3.			
	4.			
ite of leaving school:	5. month	ve ar		
d you have any further edu				
iversity (e.g. technical c				
nat did you do between leav				
tration in weeks or months.		ieeks Months		
Working in this country	•			
Working abroad: Travelling abroad:				
On holiday in this cour	try:			
At home in this country	but			
not working: Other (please specify)	:			
uld you recommend to other		d take a year or m	ore off between	
shool and university?				
Definitely Yes / Probab	•	·		5
	, in which subject	t?		5
ould you recommend to other iring their medical course? Definitely Yes / Probab	•			5
ould you welcome the introd				السلم
nan Anatomy, Physiology, Bi Definitely Yes / Probab	ochemistry, or Ph	narmacology?		
3 your father a doctor? 1	Vo / Yes. If Yes,	, is he a GP? No-/	Yes.	
3 your mother a doctor? N	•		Yes.	
ow many siblings (brothers	and sisters) have	you?		
w many of your siblings ar	e aged 17 or over	:?		6
w many of your siblings ar	e studying medici	ine or are doctors?		6
t what age did you first as octor?	eriously consider	that you would lik	e to be a	61
שנה much did your parents pe	rsuade you agains	st yeur own wishes	to study	1

Appendix 1-6.

Cambridge study: Variants of questionnaire from Birmingham study.

UNIVERSITY OF CAMBRIDGE

JRIDGE (0223) 51386 (4 LINES)

THE PSYCHOLOGICAL LABORATORY,
DOWNING STREET,
CAMBRIDGE,
CB2 3EB

Dear Student,

As part of a study involving several universities I am distributing a questionnaire to all of the medical students in the university. I would be grateful if you could take the trouble to complete this questionnaire; it is long and detailed but this is necessary in order to obtain an adequately broad perspective.

Naturally, as in all such research, your replies will be kept strictly confidential. We would however appreciate it if you would give your name and college as this will allow a follow-up at a later date. I must emphasise again that this data is confidential and is totally independent of any university body and is solely for the purposes of research.

The questionnaire covers a wide range of topics and it is possible that you will either not want to or not be able to answer a particular question: if so, simply leave that reply blank.

I am also enclosing a second shorter questionnaire which I would also be grateful if you would complete. (The handedness questionnaire is incidentally completely unrelated to the other one). Please return the completed questionnaires in the enclosed envelope via the Internal Post. If you have any comments on the questionnaire please feel free to write them in the space left for this purpose on the back of sheet 3. If you have any questions please contact me at the Psychological Laboratory.

Thanking you in advance for your co-operation,

I.C. McManus MA, MB, ChB.

austo-

			1	lea
ex: Male Female				bla
ingle / Married.			7	
ate of Birth/ / 19				7
ype of school attended:- Independent Public Scho				
is your school single-sex o		, ,	(Dpodzij)	
-level grades obtained:-	Subject	Grade		
b. if a subject has en taken more than ice please give best ade obtained.	1. 2. 3. 4.			
at A-level grade 'offer' wa	as made to you by	this university? (e.g. 2 B's and	
ich universities and subject	•	-	a C).	
TON WILLACT STATES and Subjet	University	Subject		1 2
	1.	<u>ada,jec c</u>		
,	2.			一
	3. 4.			計十
	5.			$\parallel + \parallel$
te of leaving school:		year	-	$\parallel + \parallel$
ve you had any further educ	cation since leavi	ing school? (e.g. to university degree,		-
at have you done since leav	ring school? Pleas		•	╟┷┼╸
weeks or months.		eeks Months		
Working in this country: Working abroad: Travelling abroad: On holiday in this count At home in this country not working: Other (please specify):	try: but		·	
<pre>ild you recommend to others iool and university? Definitely Yes / Probabl</pre>				
you feel that the third year	ır in Cambrid ge is	s a good idea for me	dical	
Definitely Yes / Pr	obably Yes / Prob	pably No / Definitel	y No	
efinitely Yes / Pr	.d like to read in obably Yes / Prob	your third year?	v No	
so, what?	·		.y 110	
ve you de 6i ded which clinic Definitely Yes / Pr	al school you wou obably Yes / Prob	ald like to go to? ably No / Befinitel	y No	
so, which?	Vos. TE Vos			
		is he a GP? No / Y		
your mother a doctor? No w many siblings (brothers a	•		es.	
w many of your siblings are				
w many of your siblings are				
what age did you first ser		•		
ctor?	rousing consider t	mat you would like	to De &	
and did wour parents per	suade you against	your own wishes to	study	