

## *Enacting Professionalism: What Exactly Is It We're Talking About?*

*Dipesh Navsaria*

I'd like to begin with a story about a boy named Nikolai. It's adapted from John Muth's picture-book retelling by of a short story by Leo Tolstoy, "The Three Questions".<sup>1,2</sup>

Nikolai was a kind-hearted and sensitive boy. He always tried his best to think about others. Unfortunately, his family was quick-tempered and would sometimes hurt his feelings without meaning to.

One day, Nikolai came home from school and ran into the kitchen, shouting out "Mom, I'm home" and letting the door slam shut behind him as he usually did. Unfortunately, this was a bad time for this to happen, for his mother was very carefully cutting a cake with a sharp knife. Nikolai's loud entrance startled her and the knife slipped, cutting her finger. Annoyed at the mishap, she yelled at Nikolai.

"Nikolai! I cut myself! Couldn't you see that this wasn't the right time?"

Upset by his mother's words, Nikolai turned around and ran back out the door, his eyes filling with tears. This was not a good move on his part, because as he ran outside, he plowed straight into his father, who was just coming home, his arms laden with packages. Nikolai and his father both ended up on the ground, boxes strewn all over the ground.

"Nikolai! Weren't you looking where you were going?!"

"I'm sorry, I had just made Mom upset and—"

"Your mother!?! You knocked me right over! Can't you see who you should be listening to?!"

Nikolai was clearly not having a very good day. He got up and, blubbing to himself, went running down the road. On the way, he passed his sister, who was coming home. He didn't see her because he was crying, and as she passed she yelled at him.

"Nikolai! Weren't you even going to say hello, you rude boy? Don't you know what the right thing to do is?"

Nikolai was having a very, very bad day. He continued down the street and turned off onto a trail which led to his favourite place, the shore of a lake, surrounded by trees. It was there that he met his best friends in the whole world, a heron named Sonya, a monkey named Gogol, and a dog named Pushkin.

Now Nikolai's friends could see that he had been crying, and they wisely left him alone as he walked along the lake shore, kicking at pebbles as he thought to himself. Finally, after a while, he spoke.

"If only I knew the answer to the three questions, I'd know how to be a good boy."

Wanting to help him, his friends asked him what those three questions were.

“When is the right time to do things? Who is the most important one to listen to? What is the right thing to do?”

“Well,” said Sonya, “if you plan ahead, you'll always know what to do since you'll have a plan.”

“You should do things when you feel like it.” said Gogol, lounging under a tree.

And Pushkin, being a dog, said “You should do things when you're told by the leader of your pack. Except in emergencies—Gogol, a coconut is about to fall on your head!”

Nikolai thought about this for a while, kicking at a few pebbles. “Who should I listen to?”

“Those who are closest to heaven”, said Sonya, flying high up into the sky.

“Those who heal the sick” said Gogol, rubbing his injured head.

And Pushkin, being a dog, said “Those who make the rules.”

Nikolai thought about what they had said, and kicked at a few more pebbles. “What is the right thing to do?”

“Flying”, said Sonya.

“Eating”, said Gogol.

And Pushkin, being a dog, said “Playing.”

Nikolai mused over these answers for a while, and continued to walk slowly along, thinking. He knew his friends were trying to help, but their responses didn't really answer his questions. Finally, he looked up suddenly, and spoke.

“I know. I will go and see Leo the Turtle. He is very old, and very wise. He will certainly know the answer to my three questions.”

And with that, Nikolai began walking down the lake shore to the path which led to Leo's house.

We will leave Nikolai for a while on his journey to Leo's and come back to him later.

We're going to cover four major areas today in our time together. First, we'll talk about definitions of professionalism. After that, we'll go on to how *not* to teach professionalism in medical education settings. Third, I'd like to cover a “functional definition” of professionalism. Last, we'll review some practical examples of discussing and delineating professionalism.

Professionalism is a complex and vast subject, and certainly not one that's easy to

tame. As you heard earlier, I'm completing graduate work in children's literature, so you'll hear a few references scattered throughout my talk. I'm hoping that, by the end of the hour, we'll be less scared of the subject of professionalism and, like Max in Maurice Sendak's *Where the Wild Things Are*, we can tame it by the magic trick of staring right into the topic's “yellow eyes”.

A few thanks are in order here: I'd like to thank my host, the University of Puerto Rico's School of Medicine, for having me here. In particular, my deepest thanks to Dr Esther Torres and the AOA chapter here at UPR for inviting me and for the kindness they've shown me during my time here. Thanks also to the national AOA for their support of this talk. I'd be amiss if I didn't thank the Association of American Medical Colleges, for the work I've been able to do over the last two years there on the Organization of Student Representatives Administrative Board has enabled me to think deeply about professionalism and related topics. Likewise, thank you to the University of Illinois Graduate School of Library and Information Science and the College of Medicine for enabling me to do these sorts of activities. And, finally, thanks to my dear wife and two young children for being willing to let me take off to warm, sunny destinations like San Juan and leave them in the Midwest in March—it was snowing at O'Hare as I changed planes to come down here!

So, to begin with our main subject here. When talking about “professionalism”, we have a really big problem: How do we define it?

What really makes a professional a “professional”? We have all sorts of professionals, which includes those that are generally considered as such: physicians, lawyers, etc. But we also hear about professional dog groomers, professional garbage collectors, professional wrestlers, and professional vexillologists. (Don't know that last one? Vexillologists are those who study flags.)

The concept of professionalism stems from a series of historical forces which gathered steam in the nineteenth century. The increasing division of labour, the democratic idea that one should “earn status” rather than being born into it as a member of nobility, and greater and greater levels of specialized training all came together in the late nineteenth and early twentieth centuries. As a result, certain jobs moved away from being a “mere occupation” and were now called “professions”.

The classical model of a “professional” rests on certain distinguishing traits. Friedson argues that professionals are characterized by being part of broader social, economic and political systems.<sup>3</sup> This is, to say, they influence legislation, control the conditions of their work, control the domain of their work and, most importantly: they acquire a monopoly. We don't like to think about it that way in medicine, because monopolies sound so ugly. But, if you think about it, physicians have a monopoly on the independent practice of medicine. Licensing laws prevent anyone else from practicing medicine.

Don't forget: it's *society* that decides you're a professional and that gives you the privileges of your profession. We've lost sight of this.

To continue looking at definitions, another common definition holds that professionals are those who practice the following: autonomy, beneficence, nonmaleficence, and justice.<sup>4</sup> There are other characteristics which have been applied to the task of defining professions: a common body of applied knowledge, formal training and training structures, a service orientation, an ethical foundation that in part justifies the rights of self-regulation granted by society, autonomy and prestige, and a community sharing identity, commitment, loyalty and interests.

However, there are some serious and nagging questions raised by this list. Does it

follow that certain types of work are inexorably “professional”? Perhaps some physicians are “professionals”, but it might not be that all of them are. How much do professions maintain a “service orientation”? We are very proud in medicine that we care for the sick and injured, allegedly without concern for their ability to pay, but a look at the nation's uninsured and the barriers to health care faced by these individuals should immediately tell us that there's a huge problem there. And, finally, to what extent does the *kind* of client define status in society rather than the profession itself? It's well known in many fields that who you work with often makes a difference to status (and therefore often compensation). Those who work with children are routinely at the bottom of earning scales across fields: education, libraries, law, and, yes, even medicine.

A more recent effort at defining professionalism is the Medical Professionalism Project. Sponsored by the American Board of Internal Medicine, the American College of Physicians/American Society of Internal Medicine, and the European Federation of Internal Medicine, this group recently published *Medical Professionalism in the New Millennium: A Physician Charter*. This effort outlined three major principles: the primacy of patient welfare, patient autonomy, and social justice. These were backed up by a list of commitments such as “professional competence”, “improving quality of care”, and “maintaining trust”.

All these are useful documents with many well-thought out principles, but we still have a problem. To highlight the issue, I'd like to turn to one of Plato's works, known as the *Meno*. In this dialogue, Socrates and Meno are having a conversation, and the following transpires:

*Meno*: Can you tell me, Socrates, whether virtue is acquired by teaching or by practice; or if neither by teaching nor practice, then whether it comes to man by nature, or in what other way?

*Socrates*: [...] I am certain if you were to ask any Athenian whether virtue was natural or acquired, he would laugh in your face, and say: “Stranger, you have far too good an opinion of me, if you

think that I can answer your question. For I literally do not know what virtue is, and much less whether it is acquired by teaching or not.” [...]

*Meno*: No, indeed. But are you in earnest, Socrates, in saying that you do not know what virtue is? And am I to carry back this report of you to Thessaly?

*Socrates*: Not only that, my dear boy, but you may say further that I have never known of any one else who did, in my judgment.<sup>5</sup>

Well, it's fairly clear that if Socrates doesn't know how to even define “virtue”, no one else does. Another way of looking at this question is to recall the famous paraphrase of U.S. Supreme Court Justice Potter Stewart in the *Jacobellis v. Ohio* case, in which the question hinged on the definition of pornography versus obscenity: “I can't define pornography, but I know it when I see it.”<sup>6</sup>

What this tells us is that definitions fail at a certain point. Their nature is to generalize and take a hierarchical, top-down approach. They're not applicable to all situations and contexts. They're clearly not individually self-generated and not necessarily internalized; you're much more likely to understand and make part of you something you formulated yourself. Finally, they're not necessarily modern and able to deal with the pressures of contemporary society: what about, say, the issue of pharmaceutical industry marketing and physician “objectivity”? I'm not arguing that definitions are entirely useless: they have a clear place and role. However, they are not the be-all and end-all, given the problems we've discussed.

To illustrate this, I'd like to tell another story, called “What the Thunder Said” from the Upanishads, one of the sacred texts of India.

In the old days, there were three types of beings: the devas, or heavenly creatures; men, who dwelled on earth; and the asuras, or the denizens of the underworld. They each desired instruction from the creator of all things, Prajapati. So all three groups went to Prajapati to seek his counsel.

When they arrived at Prajapati's abode, he was sitting quietly in meditation. After a respectful silence, they asked him for his sage instruction. He opened his eyes and looked at all of

them gathered around, after which he uttered one syllable: “Da.” He then closed his eyes and resumed meditation. Confused, the devas, men, and asuras went home, puzzling over what he had meant.

A year later, the devas came to visit Prajapati.

“Have you understood?” asked Prajapati.

“Yes. 'Da' means *damyata*: be self-controlled.”

“Very good. You have understood.”

The devas departed, satisfied. Next the humans drew near.

“Have you understood?” asked Prajapati.

“Yes. 'Da' means *datta*: give.”

“Very good. You have understood.”

The humans departed, satisfied. Finally, the asuras drew near.

“Have you understood?” asked Prajapati.

“Yes. 'Da' means *dayadhvam*: be compassionate.”

“Very good. You have understood.”

To ensure that his teachings were never forgotten, Prajapati echoed his instructions in the rolling sound of thunder: “Da! Da! Da!” is our reminder each time the thunder speaks.

Well, it's an excellent story, but if you take it at face value, we all know that there are still problems in the world. People are not always self-aware, they do not give to others, and they are not always compassionate. For that matter, a brief look at the history of the Indian subcontinent should tell us something about how much Prajapati's reminder was heeded. We'll come back to what this story tells us.

I'd like us to discuss what I term the “dark side” of professionalism. No, not whether Darth Vader is a professional or not, but rather how these concepts can be misused. The difficulty of definition, coupled with human nature, can lead to problems. At its best, professionalism in medical education is brought up in context of developing positive methods of teaching, evaluation, and effecting cultural change to increase the frequency of behaviours which we feel should be part of our discipline. At its worst, however, professionalism can simply be used as a byword for student obedience and maintenance of the *status quo*.

So, with that in mind, two ways *not* to “educate for professionalism”: One, hold didactic sessions on the topic and immediately place students back into clinical situations where they observe improper behaviour routinely. Two, use the term as a threat to coerce behaviour: “Not doing X is 'unprofessional' and can affect that component of your grade.”

How can we avoid this pitfall? I'd like to turn again to Plato's *Meno*:

*Socrates*: And am I not also right in saying that true opinion leading the way perfects action quite as well as knowledge?

*Meno*: There again, Socrates, I think you are right.

*Socrates*: Then right opinion is not a whit inferior to knowledge, or less useful in action nor is the man who has right opinion inferior to him who has knowledge?

*Meno*: True.

*Socrates*: And surely the good man has been acknowledged by us to be useful?

*Meno*: Yes.

*Socrates*: Seeing then that men become good and useful to states, not only because they have knowledge, but because they have right opinion...

Now I had to read that about five times before I figured out what it meant, but here's how I think it applies to our situation: Give students the opportunity to encounter situations in controlled environments where they can observe, reflect, discuss and begin the process of developing for themselves “right opinions”. Allow similar opportunities for reflection when professional challenges arise further on in education. These should not be punitive, but rather “safe harbours” where useful discussion and consideration may take place.

Consider allowing lapses which are purely issues of professionalism (rather than, say, academic dishonesty, etc.) to be deliberated upon by a group consisting largely of a student's peers rather than a majority faculty or administrative body. Finally, begin discussing these issues from *day one* of medical school, and continue to do so at regular and meaningful intervals.

My challenge to medical school faculty and administration: avoid the “empty vessel”



school of thought where students are treated as “instructional units” to be educated. Respect their ability to have thoughtful, clear and valid opinions on these topics, even with a relative lack of clinical training. Challenge them to rise up and they might just surprise you. You may even find that they have “right opinions”.

Let's look at something a little different now: coming up with a functional definition. I've already said that there's plenty of definitions out there, but I do feel that it's necessary to try to formulate something that's useful as a short guide for action. We live in a society and culture that likes definitions and abhors amorphous concepts, so having a definition will help somewhat; just don't mistake it for "the answer".

Some of you may be familiar with Kohlberg's stages of moral reasoning from the developmental psychology world.<sup>7</sup> I'm going to simplify it very quickly here, but bear in mind that this is very simplistic compared to the full work Kohlberg did. He argued that there were three overall "levels" of moral reasoning. In the first, or 'preconventional' level, individuals do things because of the impact of punishment or of authority figures. In other words, "do this otherwise you'll get in trouble." This is typical of toddlers, for example. Level two is called the "conventional" level, because it's how he believes "society" generally operates. "I should do this because it's what society expects." This is a "good citizen" or "law and order" perspective. Finally, in the third level, "postconventional" thinkers do things because they believe in a "higher principle" which leads them to believe they should. This is based around a notion of social contract or principled conscience. This is the sort of thinking you'd see in civil disobedience or protesters — even though a law or higher authority might say that they shouldn't do something, they believe that a higher moral cause outweighs those authorities.

Someone named Carol Gilligan took Kohlberg's work and took it a bit further. In her

1982 book "In a Different Voice", she both built on and challenged his work.<sup>8</sup> While her work is known for its feminist slant, I think there's some valuable aspects of it that have great relevance to what we're discussing here. As I read you this passage, consider for a moment the dichotomy between caring for yourself and your family versus caring for others because it's your duty:

To understand how the tension between responsibilities and rights sustains the dialectic of human development is to see the integrity of two disparate modes of experience that are in the end connected. While an ethic of justice proceeds from the premise of equality—that everyone should be treated the same—an ethic of care rests on the premise of nonviolence—that no one should be hurt. In the representation of maturity, both perspectives converge in the realization that just as inequality adversely affects both parties in an unequal relationship, so too violence is destructive for everyone involved. This dialogue between fairness and care not only provides a better understanding of relations between the sexes but also gives rise to a more comprehensive portrayal of adult work and family relationships. (p174)

So, what is she saying here? In essence, she postulates that in the third stage, it's important *not* to ignore your personal needs because a Kohlbergian "higher principle" is deemed more important. For example, while we certainly should put our patients first, we need to consider whether it's *always* correct to put them first — the needs of our families, friends, and our own personal needs can't be ignored every single time. Certainly I wouldn't argue that going home to your daughter's ballet recital when a patient is crashing is the right thing to do. However, allowing systems and schedules which make such situations routine is a problem. This is a question of the moral conception of care and responsibility in relationships versus the primacy or rights and rules.

To some extent, this can be taken even further; does the "ethic of care" illustrate the "caring side of medicine", whereas the "ethic of justice" reflects the hierarchical nature of modern medicine? That's just something for you to consider...

Getting back towards the idea of a functional definition; let me share with you a passage

from a young adult novel called *Rules of the Road* by Joan Bauer. In this passage, a young woman is meeting for the first time someone who is the world's greatest shoe salesman.

*Bender's Rules*

I'd just come off the sales floor with Harry Bender, who'd shared with me his two golden sales rules that lifted him from the sewer of despair to the top of his profession.

Rule Number One: Care about people more than what you're selling.

Rule Number Two: Never miss a good opportunity to shut up.<sup>9</sup>

While Rule Number Two isn't directly related to professionalism definitions, it's simply too good a rule to pass up sharing with the medical profession, given our propensity to interrupt patients.

Professionalism is often tied together with a concept of "humanism". Not humanism in the sense of the Humanist Movement, but rather the idea of relating to others as fellow humans, not as patients, students, superiors, etc. So, taking this closely-related concept, adding in Bender's dictum to "care about people more than what you're selling", and Gilligan's concern about the 'ethic of care', we have something which I'd like to offer to you as a short functional definition that I hope is useful:

**Professionalism is Humanism Enacted.**

I don't think this necessarily tells you much more than the other definitions, but it does leave a lot of room for self-reflection and thought. Ask yourself also: is the converse true? Is humanism "professionalism enacted"? We won't explore that further right now, but it's something to think about.

Let's now think about how to discuss professionalism usefully. It's all well and good for me to stand up here and talk to you about it, but I don't think that's the right way to go about it -- at least not exclusively. We have quite a challenge here; we must create environments and

structures for the "everyday" self-reflection, analysis, and consideration of professional issues. At the same time, we need to consider larger projects to raise awareness and to serve as a springboard for discussion. Keep in mind, these projects don't have to be "about professionalism" — sometimes the best projects are where you learn without realizing it!

Here's one way to engender discussion. At the Association of American Medical Colleges 2003 Annual Meeting in Washington DC, we rolled out a project I spearheaded, Draw the Line II: Professionalism. It was not designed to be a formal study, but rather had two roles: one, as a "snapshot" of opinions and ideas of the participants, and two, a method to spark discussion, debate, and deliberation. It comprised 24 vignettes drawn from a variety of sources. Here's an example:

On your obstetrics/gynecology rotation, you accompany an attending to a routine vaginal delivery. You are introduced to the patient, who tells the attending that she “doesn’t want her child being brought into the world by a student.” The attending reassures her that he’ll be the one doing the delivery. However, when the time comes, the attending has you stand next to him and motions that you should be doing the “catching”; you don’t have time to think and so you comply, delivering the child without a problem. The patient has her eyes closed and doesn’t notice what happened. You feel uncomfortable but do not say anything.

The idea here is that participants would read the vignettes and then make marks where they thought unprofessional behaviour began and write comments as they see fit. Other adaptations have used a 1 to 10 scale for participants to decide "how professional" the behaviour was. The real strength of this is allowing each other to see what others in the group thought — in some cases, the marks cluster very tightly; in others, they can go all over the place. This striking visual image is really what gets people talking, and may challenge their assumptions. The "outlier" might find themselves wondering why most others felt a particular way. Conversely, a majority may ask themselves why a minority felt so differently. The conversations that happen

in and around the project activity makes these vignettes a form of interactive, shared narrative, and is really where their power comes from.

Another way to engender discussion is my current project which I am developing for the AAMC, *One Book, One Profession*. It's a concept which calls for medical humanities reading groups to be set up (ideally) at all 126 US medical schools. One book will be selected for all these groups to read over a few months, and it will be related to health in some way, although not necessarily explicitly *about* health. Most importantly, the groups should be open to everyone in the medical school: medical students, residents, attendings, nurses, allied health, secretarial staff, etc. I think laypeople are no less qualified to talk about the experience of illness and health, and I believe they can teach us a fair amount about how we work with patients. If all goes well, you'll be hearing more about this in the coming year.

So, what about Nikolai and his three questions? Let's return to where we left him, on the road to see Leo the turtle.

Nikolai arrived at Leo's hut, and found Leo working hard preparing his vegetable beds for planting. He greeted the old turtle, who acknowledged Nikolai's presence with a nod.

"Leo, I have three questions that I can't answer, and I was hoping you could help me. When is the right time to do things? Who is the most important one to listen to? What is the right thing to do?"

Leo merely smiled to himself and continued digging. After a few moments, Nikolai spoke again:

"Leo, let me help you. That's hard work, and it'll be easier for me to do." Silently, Leo handed Nikolai the shovel and sat down to take a much-needed rest in the shade. Before long, Nikolai had finished not only the bed Leo had been working on but also the next two. And it was a good thing he did, because just as he finished, the sky clouded over, appearing dark and angry. The wind picked up and in the distance they heard the clap of thunder. Leo and Nikolai quickly took cover in Leo's hut as the rain began to pour down.

Just as they were about to enter, though, they heard a cry of pain in the distance. They turned and saw a collapsed animal at the edge of the woods. Quickly, Nikolai ran over through the driving rain and found an unconscious, injured wolf, one of her front legs clearly broken. He

picked up the wolf and brought her back to the hut, where they put her in bed, covered her with warm blankets, and splinted her broken leg. After a few moments, she began to come to and then began to look around in confusion.

"My cub...where...where is my cub?!"

Nikolai realized that her wolf cub must still be out in the woods, alone and frightened. Without a moment's thought, he ran out into the driving rain and howling wind, plunging into the dark woods. Just as he realized that he had no idea where to look, he heard a tiny whimper off in the distance. Following it, he came to the base of a huge, old and gnarled tree. Curled up in the vast roots of the tree, frightened and alone, was the cub.

Nikolai gently picked him up and placed him inside his jacket. Quickly, he turned and made his way back to Leo's hut, where he reunited the cub with his mother and Leo made him some warm soup, for Nikolai was soaked to the bone. Almost as suddenly as the storm started, it came to an end, with the skies clearing and the sun coming out.

Nikolai and Leo went up to the door of the hut, and they could see Nikolai's friends coming up the trail. They had been worried about Nikolai and were glad to see he had found shelter from the storm. The wolf thanked Nikolai for his bravery in saving them both.

Nikolai's friends began to head back down the trail together when Nikolai turned back to Leo.

"But Leo...I still don't have the answer to my three questions."

"Ah, my child...but you do. You see, when you came to see me, the right thing to do was to help me, the time to do so was then, and I was the most important one for you to listen to. Later, when you rescued the wolf, that was the right thing to do, and it was the right time, and the wolf was the most important one. When you ran out and risked yourself to save her cub, it was the right thing to do, and that was the right time to do it, and that cub was the most important one.

"You see, the right thing to do is to help others. The most important one to listen to is the one you are with, and the most important time is now. That is why we are here."

Nikolai looked deeply into Leo's eyes, and in that moment, he understood. With a murmur of understanding and thanks, he turned and followed his friends, down the trail leading back home.

So why did I tell you this story? Well, both Kohlberg and Piaget (another developmental psychologist, very well known) felt that moral development occurs through social interaction. That is, cognitive conflict through experience or discussion will lead to insight. When you compare the two stories I told you, it's evident that there are two different approaches being used there.

Nikolai reached his conclusions by way of guided experience, not by a hierarchy-oriented

fiat. He wasn't simply told the answers, nor was he left completely on his own to work out the answers for himself. However, in *What the Thunder Said*, vague generalities were all they were given, and to little or no effect. Not only were they simply handed an answer, it made little sense to them since they couldn't apply it well to their life experiences. They may have felt that they had come up with an answer, but it clearly didn't work.

Nikolai learned what he learned because of a desire to care, not because he was told to care. He also learned how to apply principles to varying situations and to consider context. These are all goals that we're looking for when discussing professionalism, and I think these two tales help highlight the issues we're wrestling with when practically implementing programs.

So, what have we covered today? A few major points I'd like to reiterate:

- Care for others how you would like to be cared for yourself — but don't forget your own needs and the needs of your loved ones.
- Use guidelines and principles as a compass, but permit others the opportunity to test their own moral waters and learn to navigate for themselves.
- Professionalism is more of a journey and a process than a goal; treat the subject as a developing tool and not as a cudgel. Remember, the journey is the reward.
- Believe that nascent professionals (students, residents, etc) are not only willing but wanting to "do the right thing."

As a final thought, consider the words of the great humanitarian physician Albert Schweitzer: "Example is not the main thing in influencing others. It is the only thing." Thank you.

---

<sup>1</sup> Muth JJ. *The Three Questions*. New York: Scholastic; 2002.

<sup>2</sup> Tolstoy L. *What Men Live By, and Other Tales*. (tr. by L. and A. Maude) Boston: The Stratford Company; 1918.

<sup>3</sup> Friedson E. *The Profession of Medicine*. New York: Dodd Mead; 1970.

<sup>4</sup> The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. *Ethical Principles and Guidelines for the Protection of Human Subjects of Research* (“*The Belmont Report*”) Department of Health, Education and Welfare, 1979.

<sup>5</sup> Plato. *Meno*. Available at the Internet Classics Archive at <http://classics.mit.edu/Plato/meno.html> (accessed 28 February 2004)

<sup>6</sup> *Jacobellis v Ohio*, 378 U.S. 184 (1964)

<sup>7</sup> Kohlberg L. *Essays on Moral Development Volume 1: The Philosophy of Moral Development*. 1981.

<sup>8</sup> Gilligan C. *In a Different Voice: Psychological Theory and Women’s Development*. Cambridge: Harvard University Press; 1982.

<sup>9</sup> Bauer J. *Rules of the Road*. New York: Puffin Books; 1998.