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The decline in the teaching of legal medicine

The teaching of legal medicine and ethics in British medical schools is "barely sufficient for the needs of today" and is declining, conclude Knight and Thompson in a recent review.¹ Replies from the deans of 19 medical schools showed that the amount of time spent lecturing on legal medicine varied from three to 39 hours, and eight deans reported that the amount of teaching time had fallen since 1976. About two thirds of 75 students and 77 recently qualified doctors who answered questionnaires thought that the teaching of legal medicine was inadequate. The most powerful indictments came from coroners: "I am amazed and appalled at the lack of knowledge of many doctors relating to their responsibilities in regard to the types of death which require notification to the coroner"; "My experience is that the average doctor does not know what to do when faced with the abnormal or suspicious death."

The educational committee of the General Medical Council and the advisory committee on medical training of the Commission of the European Community have both stated that newly qualified doctors should have an adequate knowledge of the laws concerning medical practice. The BMA annual representative meeting in Scarborough this year resolved that the GMC should instruct individual medical schools to have an identifiable and substantial part of the undergraduate medical curriculum devoted to the ethical and legal aspects of medical practice.² Knight and Thompson's results suggest that many do not.¹

The decline in medicolegal instruction to students can be

traced back to the time when a separate examination in forensic medicine was abolished in the final qualifying examination. Since then the time devoted to this instruction has been eroded by the many specialties that have mushroomed in the past 30 years. Medical students attend courses on many subjects that may be of little or no practical value to them after qualification, but no matter what branch of medicine or surgery the graduate enters he will always have to face medicolegal problems. If he is in general practice these may occur daily.

Many doctors are ignorant even about death certification. In some hospitals the junior doctor is told what he should put on a death certificate by a clerk in the office or by the mortuary superintendent. Little wonder that relatives are upset by having to delay funeral arrangements because the registrar of births and deaths has been unable to accept the certified cause of death. Both junior and senior doctors are often unaware of which deaths should be referred to the coroner, although lists of such deaths are readily available from the medical defence and protection societies and from reference to any standard book on forensic medicine. The list also appears in the preface to each book of death certificates.

What are the basic medicolegal requirements of the medical student? He should know the legal responsibility of correct death certification and the deaths that should be referred to the coroner. He should be able to write medicolegal reports for the coroner and courts that can be understood by non-medical people and are devoid of ambiguities. He must know his responsibilities under the various drugs and human tissues acts, and he must be able to conduct a medicolegal examination in cases of alleged assaults and of sexual offences. This requires a knowledge of patterns of injury and the ability to separate deliberate from accidental wounds. He must also understand confidentiality and medical ethics.

An ad hoc committee of medicolegal experts representing the countries of the European Community met recently in Seville to discuss the harmonisation of medicolegal teaching to both undergraduates and postgraduates. This harmonisation is required to fulfil the provisions of the Treaty of Rome on the free circulation of professional men throughout the community. The final report, which will be presented to the European Parliament in Strasbourg, recommends that undergraduates receive a minimum of 60 hours medicolegal instruction during their final two clinical years. The student should be required then to pass an examination to show that he had acquired an adequate knowledge of medicolegal matters before starting to practise medicine.

Medicolegal departments on the Continent often cover all aspects of forensic medicine and science, including psychiatry and assessment of disabilities (insurance medicine), which are dealt with by other departments in Britain. Nevertheless, even if psychiatry, insurance medicine, industrial medicine, and laws relating to drugs are dealt with by other departments, an undergraduate course of some 30-40 lectures and demonstrations in legal medicine would still be essential to attain the basic European standard. Unless this is done medicolegal standards will continue to decline—to the detriment of the community.

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