Reviewer's report

Title: The development of a brief and objective evaluation method for medical ethics education: A test battery of measures for moral sensitivity and reasoning

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Reviewer: Johane Patenaude

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Reviewer/1265118725275115

General:

In light of growing concern about ethics in medical practice, it is important to have a better understanding of the divergence between the natural progression of moral reasoning that comes with maturity and education, including pedagogical measures taken to promote ethical skills, and the degradation observed during medical education. Many have attempted to explain this divergence. Studies have been published on the moral development of American and Canadian medical students. In these studies, the expected increase in scores for moral reasoning did not occur over the 4 years of medical education, which suggests that the students' education experience somehow inhibited rather than facilitated the development of their moral reasoning.

Given the relevance of this phenomenon in USA and Canada, it is obviously convenient to promote studies conducted elsewhere in the world. This study can indeed enlighten our understanding of similar results observed in Japan in order to better intervene during medical education.

The writing is acceptable.

Discretionary Revisions (which the author can choose to ignore):

Authors should restrain objectives aimed at in this paper.

Why authors did not refer to works done by Connie J Self et al who used the DIT (USA version?) during many years on students in Medicine in USA? There would be perhaps a certain interest to do so since Self's results seem to coincide in many points with this study? This could perhaps be the basis for another paper.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct):

None

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached):
• Surprisingly authors (p.7-8 and Figure 2.2) rely on predetermined choices of respondents (to the vignette) to point out possible differences between them. I don’t believe that the 3 choices of responses «better to prescribe», «Unsure» and «Better to not prescribe» will allow to reveal any information regarding the level of development of respondents’ moral reasoning. Kohlberg L, who developed the scale from which Rest J took theoretical and statistical grounds to develop the DIT, has been clear on this issue.

The MJI scale, developed by Lawrence Kohlberg in 1958, was designed to measure changes in the logic of moral reasoning that usually occur over years. According to Kohlberg's theory, people proceed through stages of reasoning as they mature. The sequence does not vary, although the rate of progression and the end stage reached vary by individual. Only the type of justification provided, or the logic of the reasoning used, is important in assigning a stage score, not a particular set of values or moral beliefs. What is being tested is the participant’s capacity for moral reasoning and not the person’s particular set of moral beliefs and values. For example, a person could be at stage 4 and have either conservative or liberal values; indeed, whether a person holds conservative or liberal values has no bearing on the reasoning capacities for supporting whatever values are held.

Although interesting, Figure 2.2 and discussion attached to it (p.7-8) can not lead themselves only to the conclusion that there is any indication of an increase or degradation of the development of moral reasoning.

• There is a big concern regarding the validity of the measurement scales developed and used in this study. Authors do refer to 2 studies (ref 8 and 14). Reference 14 is Japanese language, that is, non accessible for non Japanese speakers.

• Beside the validity of tools developed and used in this study, it is relevant to mention what did motivate authors to adapt DIT to the Japanese culture.

Indeed, based on 30 years of quantitatively reproductible research the validity of the Kohlberg’ instrument (MJI) – the foundation of DIT - has been well established cross-culturally and in a wide variety of socio-economic contexts in scores of studies in 26 northern and southern hemisphere cultures. Although more difficult to manage than other northern hemisphere instruments, the MJI allows for the rigorous separation of the elements involved in the individual's reasoning; and its solid theoretical and structural foundations make it a sensitive instrument capable of precisely pinpointing possible variations in the levels of a subject’s moral reasoning.

Kolberg’s approach has been largely criticized, as authors mentioned. However, more precision is needed here to understand how close is the Japanese culture to an ethics of care rather than an ethics of justice (Kohlberg, and Rest indirectly with his DIT whose correlation with the MJI varies between 0.61 and 0.68 according to Froming, McColgan (1979)).

• The correlation was low and not statistically significant between PIT scores and DIT stages among the entire sample. No significant correlation was found within each school year group.

Authors do not comment on the importance and the impact of the results obtained from the study measurement scales. As an example, can one really consider these tools as part of the «battery of measures» given the lack of significant correlations? How can one establish and validate their complementarity?

• There are a lot of questions and concerns which prevent to sustain the authors’ conclusion stating that: «This study’s questionnaire survey, which incorporates both PIT and DIT, could be used as a brief and objective means of evaluating medical ethics education in Japan.» It seems the discussion and conclusions are not well balanced and adequately supported by the data and the conceptual framework.
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

None