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Safe use of acetaminophen

A safety update on acetaminophen¹ published in the Oct. 29, 2002, issue of *CMAJ* mentioned that “[t]he number of cases of hepatotoxicity that occur in Canada each year is not known, and Health Canada is not currently reviewing the packaging and warning labels for the drug in this country.”

Health Canada issued a public advisory about acetaminophen² on Feb. 13, 2003. This advisory emphasizes that products with different names may contain the same active ingredients and that it is important to read the labels of all medications carefully to avoid unintentional overdose. Health Canada has also published a more general article on the safe use of medicines in the “It’s Your Health” series.³ Both articles are

available online, for the benefit of physicians and their patients.

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Enlightening medical students

The recent report by Johane Patenaude and associates¹ about the levelling of moral reasoning among medical students during their years in medical school does not surprise me. The environment to which students are exposed in teaching hospitals might be one aspect of their training that inhibits the development of moral reasoning.

I work in the inpatient psychiatry unit of a teaching hospital. Every few months, all staff psychiatrists receive a compilation of length-of-stay statistics, “savable days” and other related data, listed by individual staff member. I believe that this practice is common in other departments and hospitals as well. Through this process, staff are openly ranked according to the speed with which they discharge their patients, the worst offenders (those who keep their patients in hospital the longest) appearing at the top of the list. These reports, masquerading as “information,” represent an example of public shaming, a descendent of tarring and feathering, head shaving and public hanging. This practice encourages staff to regress in their moral development to Kohlberg’s stage 3,^{2,3} interpersonal conformity, the stage to which the students in Patenaude and associates’ study tended to move (from lower or higher stages).

I wait in vain for rankings of humanistic parameters such as compassion, empathy and supportiveness toward patients, or even simpler measures such as providing good treatment or treating other staff well.

Is it any surprise that our students do not progress to higher moral levels?

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In their study on students’ moral development, Johane Patenaude and associates¹ appropriately focus attention on an often-overlooked area of undergraduate medical education. Yet it seems a shame to spend time and money on yet another study confirming the deficiencies of undergraduate medical education. Instead, we should begin the more difficult task of making and assessing needed changes in the curriculum. As Peter Singer points out,² we know what needs to be done, but as yet “none of these strategies has been taken very far.” Why the lack of progress?

Perhaps it has something to do with the reality that teaching remains undervalued. Yes, we need to create an “ethical learning climate” for our students, and we can begin by creating an ethical teaching environment for our teachers.

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