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# Medical Ethics Is More Like Chess Than Checkers

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### **Medical Ethics Is More Like Chess Than Checkers**

Some naysayers say, “Ethics can’t be taught and good character can’t be learned.” This belief is based on the notion that there is a small window of opportunity, sometime between birth and the teenage years, when a person either develops moral character or doesn’t. Parenting gets most of the credit... or all of the blame. If this perspective is true, then what’s the point of trying to teach ethics to medical, nursing and allied health students?

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## Medical Ethics Is More Like Chess than Checkers

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Some naysayers say, "Ethics can't be taught and good character can't be learned." This belief is based on the notion that there is a small window of opportunity, sometime between birth and the teenage years, when a person either develops moral character or doesn't. Parenting gets most of the credit...or all of the blame. If this perspective is true, then what's the point of trying to teach ethics to medical, nursing and allied health students?

First, let me say that I disagree with those who believe ethics cannot be taught. I do not think that the development of good character is limited to a window of opportunity that is only open during childhood. Most probably, as in the case of learning to speak, there is a critical period when the brain is developing and learning is easier, a period when a child's neural circuitry is being hard-wired. During this time in life, childhood experiences can facilitate the hardwiring of behaviors that reflect honesty, generosity, empathy, and justice. Likewise, early experiences can ignore or even counter a child's moral development. Although it may take more practice and effort, people can learn ethics at any age, just as they can learn to speak a foreign language at any time in their life.

Educators focus on teaching ethical theories and principles using text-based case studies to help illustrate universal applications. For example, I teach my health science students the definition of the ethical principle of Respect for Autonomy by sharing a case study about a physician who doesn't discuss all the risks and complications for fear his patient will decide not have the necessary surgery. But, learning ethical principles is not equivalent to learning ethical behavior. Seasoned criminals know all about the law, but that doesn't mean they abide by the law. A student's ability to define Respect for Autonomy, doesn't guarantee that he or she will avoid strong paternalism and coercion.

While children learn the difference between good and bad behaviors or attitudes based on what they are told by their parents or teachers, most adults need a bit more incentive before changing negative attitudes and adopting new ethical behaviors. Adults need to understand the consequences of their actions to make rational decisions that can affect their relationships. When I was a child, my mother taught me value sharing by making sure that I brought enough birthday cupcakes for everyone in class. I didn't have to see the negative consequences of leaving someone out of the celebration; my mother knew the potential consequences (hurting another child's feelings, making a child feel left out, and perhaps losing a friend or gaining a lifelong enemy). I benefited from her wisdom. Maybe she learned the lesson the hard way, was left out as a child, and knew how bad it felt. The point is that I didn't have to learn the hard way.

In the same way that we learn about touching a hot stove, our learned behaviors, actions, and attitudes follow the natural laws of cause and effect. As healthcare professionals, knowledge of cause and effect influences our personal and professional lives, as well as the lives of our patients. So, it follows that teaching ethics should not only assess a student's ability to define ethical principles, it should also evaluate the student's understanding of and appreciation for the potential consequences of their

attitudes and behaviors and help them avoid learning “the hard way.” This requires a change in the approach some medical educators use to teach ethics.

When I play a game of checkers (or draughts), my focus is limited to one single move at a time. My checkers strategy originates somewhere in my lower brainstem and can be described by the simple rule “Take and Avoid Being Taken.” Each checker piece is the same, has the same value, and makes the same moves. Teaching ethical principles and theories without exploring the consequences of attitudes and behaviors is like teaching students the game of checkers.

Contrary to the game of checkers, in the game of chess, the average player thinks about five moves ahead. A chess grandmaster can think 20 to 30 moves ahead! The strategy of chess requires all pieces to move together like a team. Pawns, rooks, bishops, knights, and the queen all play a very strategic offense and defense with the ultimate goal to capture the opponent’s king. The game of chess is not won by any single piece or move, but by a consistent strategy that is applied throughout the game. That strategy requires the ability to “think ahead,” envisioning the consequences of various moves. This is the same strategy medical educators need to use when teaching ethics to adult students and professionals.

Patients differ in their needs and expectations, the way they think, and how they learn. The most ethical relationship we can have with our patients is to see that relationship as chess rather than checkers, most importantly, thinking ahead about the consequences of our actions, not just immediate consequences (e.g., A shot in the foot will hurt, so I better make sure the patient’s leg is fully extended so that I don’t get kicked), but long term consequences as well (e.g., The surgical procedure is not necessary, so I better think of potential harm to patient, practice, and profession rather than the immediate financial reward). For the medical educator, this means using case studies, legal briefings, personal experiences, and stories in the news to teach students and professionals that their attitudes, actions, and behaviors will have consequences, and that the most positive patient outcomes are the result of ethical decisions.