**Ethics of teaching in medicine-- Review comments;- responses**

I would like to thank the reviewers for all their comments and very pertinent observations. I have spent some time accessing and reviewing the literature, and incorporating revisions that address the concerns of the reviewers. I believe the manuscript has greater clarity now and I would be happy to make any further changes if needed.

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| **REVIEWER COMMENTS** | **RESPONSE** |
| **Comments of Reviewer 1**  The paper is well-written (within the more personal ethical-responsibility stance it takes), and offers insights into many practical issues of the challenging ratios of research/teaching in Indian medical colleges and departments.  **Comments of Reviewer 2;**  Reading this manuscript was a pleasure. It is rare to receive a manuscript for first review in which language is not an obstacle. The fluency and the absence of errors of grammar and syntax are striking, and welcome.  The following are my thoughts on reading the manuscript:  Para 1  In detailing the author’s dismay, frustration, and disappointment at the state of affairs, particularly the teaching of ethics in medical education the manuscript begins on a negative note, It may be worthwhile considering opening with a positive sentiment, so that there is a glimmer of hope. Likewise, a closing that offers hope, however small, may offset the gloom; therefore, I propose that the opening paragraph be moved elsewhere.  “After thirty years of teaching…”, 2.“I have noticed…”, 3.“there is a general sense…” The first identifies the author as somewhere near sixty, an age when some regret at not having taking action during the years gone by may begin to set in. By implying this the author then is liable to the moral obligation to reveal why she did nothing earlier, and if she did, what it was and how it worked out, or did not. I would avoid equating experience with wisdom. The second suggests that ‘others have not noticed’ leaving the author to defend the correctness of her point of view. The third is a generalization best avoided in an otherwise objective evaluation of the subject.  There is plenty of published literature, some of which the author has cited, and more that she/he has not, on the subject being discussed. The title already states that this is “a personal view”. We build upon the work of others who came before us, and citing that work is enough for the discerning reader to conclude that the personal view has substance.  Para 2  “...how the medical profession...own demise.” The issue, as delineated in later paragraphs, notably 4 and 5, centers on the twin premises of “the ethics of teaching”, and “the teaching of ethics”. The first is already in the title of the manuscript, and rightly so, since much of the discussion falls in this area. I found “The ethics of teaching- a casebook, by Patricia Keith-Spiegel et.al” a wonderful resource on the subject which the author may wish to refer to and cite.  The author might consider including the second premise in the title as well, and dwelling on this in greater depth (see below).  Para 3  “...remarkable teachers...often intangibly different”. There is considerable ongoing debate on whether ethics can be “taught” (and evaluated- demonstrating certain behaviours in examination situations is notoriously susceptible to manipulation and lying), or “caught” as from role models (incidentally, role models may be positive or negative, hardly ideal). If the author were to reflect on their own years in training to answer these questions: Do you consider yourself to be a practitioner of ethical medicine? If yes, Was ethics taught to you as a subject? If no, Were you ever evaluated/ examined in this subject? If no, go back to the first question. That may be one of the troubles with the proposed AETCOM module (also see below), and the “evaluation drives learning” approach to medical, or for that matter any, education. Arguably, learning ethical behaviour, like developing a love for classical music and the arts, takes a lifetime of subtle exposure to role models, not only during medical training, but also at home, in society, and the workplace. It might be worthwhile examining if unethical (medical) practice reflects a general decline in ethical standards in our society.  Paras 4, 5, and 6  I am in complete agreement with the views expressed here: Our most qualified teachers abdicate teaching while the least qualified are forced into it. By doing this we defraud and deceive our students. Here is where literature may be hard to come by, and the author might have to spend time and considerable effort to buttress her argument. A few references, or even one, would be in order.  It is strange that when teachers and students have a common goal viz. best possible student learning, they do not work in synergy towards it; but that would be grist for another paper, which I hope the author will someday undertake to write.  Para 7  The last paragraph of a manuscript is usually where the author states her summary and conclusion, linking it to the arguments in the text; therefore, the reference to AETCOM suddenly appearing here is incongruous. If the intent is, indeed, to champion AETCOM as an, in this case the only, opportunity for change, this needs to be stated up-front in the first paragraph, and then a convincing case built in its favor. That would require including enough detail about AETCOM for the reader to grasp its significance to the argument, and inevitably alter the trajectory of the manuscript. Surely, the author can think up more options than AETCOM alone!    Finally, some of the paragraphs, notably para 5, are inordinately long. Shorter paragraphs would be easier on the reader. | We thank the reviewer for the response.  Thank you  I have reworked the order of the paper taking into account the comments of the reviewer so that it does not start on a pessimistic note.  I have deleted this sentence from the revised manuscript. Much of what I have described is a synthesis gained from interactions and experiences within and outside my institution.  I have expanded my search for literature that is relevant and have added that to the revised manuscript.  I thank the reviewer for bringing to my notice “The ethics of teaching – a casebook” which I have acquired and referenced in the manuscript as also a second book by the same author on “Academic Dishonesty”  I agreed that this could be one approach – however the second premise is so vast, that to address it appropriately, would in my view dilute the first premise. It remains an important issue which I think is worthy of discussion by itself.  I have added a line which indicates my own exposure to a formal ethics course as part of my medical training. But, as I also state in the revised manuscript the greater impact on me from the positive role models that I had as faculty. I teach in the pre-clinical section of the medical college. However, as a rural physician for close to three years after my graduation I found myself well served by what I had learned formally as well as what I had imbibed by observation of the many role models I had.  I have included a new reference (12) which uses data to buttress the view that senior teachers, teach less than their juniors. The artcle is about higher eduction, and not specifically about medical teachers. The article refers to other articles in the same area.  I have changed the conclusions completely and end, instead, with a set of recommendations for teachers as well as administrators.  I have tried to address this throughout the manuscript. |

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