A Principled Approach to Practice: a Practised Approach to Principles

Meeting-points

Postgraduate medical education [PGME] stands at the confluence of powerful currents in policy, polity, and philosophy. In policy terms, PGME provides a meeting-point for two major areas of government debate and development: Health and Education. Organisationally, the management and governance of PGME is shared by Postgraduate Medical Deaneries [Deaneries], which are public-sector bodies accountable to the NHS, and by medical Royal Colleges [Royal Colleges], which are private-sector bodies long established by Royal Charter. Philosophically, it is axiomatic that medicine is both an art and a science, in which patient interactions bring together evidence-based sciences and empirical observations to inform clinical judgements.

For the practitioner teaching postgraduate doctors in surgeries and theatres, on ward-rounds and domestic visits, in clinics, and outpatients, the most interesting of these three powerful currents perhaps, is the philosophy that underpins their teaching. It is certainly the one that has the most immediate impact on the well-being of their learners and their patients, and one that they have most control over, in that they can inquire into it every day as part of their usual working life. What is more, if a practitioner decides to engage with the politics or the management of PGME, then it is their educational philosophy, anchored in their real-life clinical practice, which will provide keel and compass for navigating these often turbulent environments.

PGME's philosophical inheritance is broad, drawing equally on the great humanistic consciousness rooted in European antiquity and flowering in the Renaissance, and on the complex development of the sciences and social sciences that was fuelled by the Enlightenment. These are living traditions for medicine, so that its contemporary letters and articles in the *British Medical Journal* [BMJ] are as likely to reach backwards to Asklepios and Greek mythology as a touchstone for humanism, as they are to reach forwards to nuclear

physics and complexity theory as illumination of new sciences. All of this knowledge is required by PGME, since it teaches professional practice *in practice*, that is by working with patients in the real-life clinical setting.

There, the new empiricism of evidence-based medicine is harnessed to an older empirical tradition of observed cause and effect over time, with both contributing to the patient's and doctor's shared narrative about what is happening, and what should happen next. Fundamentally, the scientific ideal of a single, absolute truth becomes, in practice, a complex drawing together of a series of different truths, to identify a range of options and inform selection from them. Somewhat paradoxically, therefore, scientific data from randomised controlled trials and observational methods are mediated through a humanistic tradition of narrative-based evidence. It is these humanistic and scientific narratives, woven together, which make sense of the information arising from the various sciences and technologies, thereby enabling practitioners to teach their practice, to discuss options with patients, colleagues, and learners, and thus to ensure informed patient consent.

PGME, therefore, is the recipient of wide and varied intellectual traditions, with an inheritance that stretches backwards to earliest times, and a talent for the rapid colonisation and deployment of contemporary scientific and technological discoveries. At the same time, it is highly vulnerable to the winds of political change and competing political agendas, and the checks and balances contributing to its management and provision are many and complex. However, within these complexities, and illuminating a route through them, lies a philosophy – a set of principles and values – that medicine holds as inviolable, and which forms an inalienable patient entitlement. In clinical contexts, these values are expressed as the ethical principles of biomedicine, listed briefly as autonomy, justice, beneficence, and non-maleficence. As it happens, these are the same principles that inform the ethics of education. Teachers, like doctors, work with people who are vulnerable, to whom they have the capacity to do lasting harm, and who, therefore, trust them to be skilful, compassionate helpers. This is true of learners of all ages, as it is of patients of all ages. Thus, teaching, like medicine, is a morally charged activity, and it is through this shared concern with moral lawfulness that Assistant Deans Education [ADEs] enter the world of PGME at Kent, Surrey and Sussex Postgraduate Medical Deanery [KSS].

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KSS Education Department

KSS Education Department was set up in 1993 specifically to bring ideas from mainstream higher education into PGME, with a view to enabling its change and development at local, regional, and national levels. Explicitly, therefore, ADEs stand at an intersection between PGME and university departments of education, actively engaged in creative dialogue with both about practice, principles and processes in education. Fortunately, although there are distinct differences in roles, responsibilities, and regulatory arrangements between the two locations, they are linked by common professional principles and practices. Both PGME and university education operate in real-life settings to support professionals in developing their

practice. Both are strongly process-based and focus on working with people to improve their well-being. Fundamental to both is the process of discussion, of sharing ideas and possibilities, in order to find new ways ahead. Crucially, though, both offer processes which can bring about great change to the people with whom they work, either for good or for harm, and thus both PGME and university education foreground a shared set of ethical values. Succinctly, both of them have an explicit rationale that governs their practice, informs their professional debates, and provides the basis for their professional judgements.

It is that rationale, expressed as a set of ethical principles, that KSS ADEs take directly into the real-life, complex, problematic world of PGME, teaching hospital consultants how to teach, in their everyday clinical settings of theatres, wards, and clinics. At the same time, it is the experience of working with consultant educators, in their complicated relationships with patients, learners and colleagues, that shapes and informs those ethical principles, by locating them in specific contexts, as lived experience. Principles and practice are inextricably intertwined, with the one illuminating the other; the intention is that the work of ADEs should be at once a principled approach to practice and a practised approach to principles, with both approaches held in what we term 'the professional conversation'. Aspects of this are explored throughout this book. Crucial to this work, and to our rationale for it – that is, crucial to the KSS philosophy of education – is the relationship between different kinds of knowledge, understood most immediately as the relationship between education and training.

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Education and Training

As the philosopher R. S. Peters (1967, 15, 19) famously points out, the presence or absence of a rationale makes the distinction between education and training:

> The concept of 'training' has application when (i) there is some specifiable type of performance that has to be mastered, (ii) practice is required for the mastery of it, (iii) little emphasis is placed on the underlying rationale.

> The typical term for the educational process by means of which people are brought to understand principles is 'teaching'; for 'teach' unlike 'train' or 'instruct', suggests that a *rationale* is to be grasped behind the skill or body of knowledge.

This distinction is echoed constantly in the literature of education and is a fundamental part of the KSS approach to PGME, where the purpose of making a distinction between education and training is to enable a better understanding of their relationship in practice:

> Where training takes responsibility for the workplace only, education recognises that it must deal with the whole person, that personal and professional life are intertwined. So, instead of requiring people to follow

only instructions, the philosophy of education is to empower learners to take control of and responsibility for their own learning and at the same time to be personally accountable. In real terms this distinction manifests itself in the statement that education contains training but that training cannot contain education (Playdon and Goodsman 1997, 983).

Or, as Barrow and Woods (1988, 18) put it:

The direct implication is that education is really about people developing in certain preferred ways, living lives involving much more than the assimilation of knowledge for the sake of knowledge.

This view of education is echoed by that of Stone (1992, 3) in his work *Quality Teaching*:

Few, surely, would disagree that teachers should have a good grasp of subject knowledge and should be familiar with schools and classrooms. However, the 'delivery' view of teaching grossly oversimplifies its true nature, and the prescriptions intended to improve it are doomed to fail because of the lack of understanding of its complexities.

Stone is reflecting a coherent theme in contemporary educational thinking, inherent in distinctions such as those made between 'knowing how' and 'knowing that' (Ryle 1949, 25-61), or 'technical knowledge' and 'practical knowledge' (Oakeshott 1962, 7-8), or 'practical knowledge' and 'propositional knowledge' (Eraut 1994, 15). A recent, vigorous and well-referenced exposition of these principles as they operate in surgical education is provided by de Cossart and Fish (2005, 39-48).

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Practical Wisdom

It would be easy to see education and training as falling into two opposite camps, defined by their opposition to each other, but to do so would be wrong. In philosophy, as in science, the purpose of making distinctions is to understand the right ordering of relationships, not to create false contraries. No-one supposes that the skeletal and the nervous systems of the body are either the same thing or at odds with each other. Rather, the relationship between education and training is like the relationship between the white and the yolk of an egg, that is, a larger term containing a smaller, distinct term.

So, training, as the yolk of the egg, is typified by a set of instructions that must be adhered to at all times and in all circumstances, for actions that must be performed uniformly, as part of a process that is highly routinised, and as the means to an end which is completely predictable. The need for personal discretion or professional judgement on the part of the individuals, ideally, is reduced to zero: people are trained to act only as operatives in a system that admits no flexibility, no alternative responses, and no creativity. If a learner's question can be

answered with the phrase 'Always and only…', then the learner is in a training environment, with its immensely effective, extremely valuable, uniform, fixed systems. Training, therefore, is used in production-line settings, to establish uniform responses and processes across complex systems and environments. It is, so to speak, the bread and butter of professional practice, which ensures that patient information is well handled, clinical equipment works, supplies are ordered, tests are carried out and reported on, and wards are cleaned.
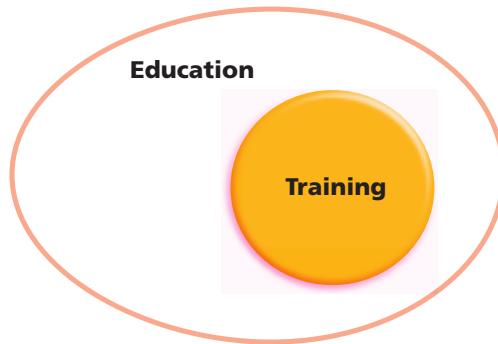
Training, therefore, is *necessary* for PGME but it is not *sufficient* to support or describe the complex process of making professional judgements. For that, we need to turn to the larger term, the white of the egg: education. If a learner's question must be answered with the phrase 'It depends…', then the learner is in an educational environment, rather than a training one, since education concerns itself with the making of complex judgements. Education brings together the underlying rationale of every factor in an equation, to solve problems that are often one-off circumstances, particular to individuals and their needs. It seeks to explore and to balance all of the aspects of all of the circumstances, to arrive at a resolution, which is provisional, and which must be shared with the individuals themselves through a professional conversation. Education examines alternatives and probabilities, bringing to bear all the knowledge, skills and experiences of all the parties in the inquiry. It depends on the matters of fact of training and it uses them to go beyond the general to the particular, to explore possibilities and examine alternatives as they may affect the lived experience of individuals. Where training depends on the results of research for its certainties, education is research in action, balancing probabilities, seeking a synthesis, a provisional, professional judgement which will provide a platform for its next inquiry. What is more, any one professional judgement will reference itself to at least two viewpoints (termed by lawyers 'the margin of appreciation'): a narrow judgement, based entirely on the evidence of the facts of the matter, and a broad judgement, referencing itself to the larger context of the clinical case, to principles and values, and to the larger purposes of individual need.

To this complex interplay between education and training the Greek philosopher Aristotle gave the name 'phronesis', or 'practical wisdom'. It describes the ability to visualise ends, means, and consequences, to relate them to moral lawfulness, and to choose rightly. For this, sufficient experience of particular contexts, as well as of general principles, is required,

in order to develop prudent expertise:

> Whereas young people become accomplished in geometry and mathematics, and wise within these limits, prudent young people do not seem to be found. The reason is that prudence is concerned with particulars as well as universals, and particulars become known from experience, but a young person lacks experience, since some length of time is needed to produce it. (*Nicomachaen Ethics* 1142 a)

Underlying Aristotle's formulation, however, was an older philosophical inheritance, which Aristotle had learned from his teacher, Plato. This is the distinction between two kinds of knowledge, 'gnosis' and 'episteme', which stand in relation to each other as education does to training: both to be honoured, both to be recognised as different from each other, but related. It is in the relationship between gnosis and episteme – their distinction and their resolution – that we find the relationship between education and training; between medicine as an art and medicine as a science; and between knowledge and experience.

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Gnosis and Episteme

Raphael's painting, *The School of Athens*, has at its centre the figures of Plato and Aristotle, walking together, deep in conversation. Aristotle, robed in blue, carries a copy of his *Nicomachaen Ethics* in one hand, and with the other gestures outwards, palm down, to the earth below. Plato, robed in red, carries his *Timaeus* in one hand, and with the other points upwards to the heavens. Around them Raphael has painted a pantheon of Greek philosophers and scientists, irrespective of their historical chronology, for his School is neither the Academy founded near Athens by Plato, nor the Lyceum founded by Aristotle on the banks of the Illisus, but a school of the imagination, capturing at once the spirit of the High Renaissance and its inheritances from classical antiquity.

Aristotle, the doctor's son, appeals to the empirical evidence of the material world, the kind of knowledge that, in his *Nicomachaen Ethics*, he termed episteme. This is knowledge of fixed systems, certainties, the incontrovertible facts of the matter, that which is provable by observation. For Aristotle, geometry and mathematics were the exemplars of such fixed systems of knowledge, with the properties of triangles always being deducible from theorems, and vice versa. Other epistemic systems of knowledge include anatomy, astronomy, and botany, while mundane examples of its helpful operation in contemporary everyday life include road-traffic signs, computer manuals, and instructions for filling out a tax return. Episteme arises from the careful observation of the material world, and Aristotle's great contribution to Western thought was the taxonomies that distinguished one thing from another, that separated items and listed them as axioms, as incontrovertible, 'always and only' facts.

Episteme, therefore, is that kind of knowledge that is most amenable to training approaches.

It does not need a rationale, because it is to be learned as axiomatic, as a matter of fact. It requires memorising, not critiquing, and one of the remarkable features of medical education is the sheer quantity of facts which students are required to remember, so that they may know the operation of the human body in all its constituent systems and parts. Training, therefore, provides information about, and instruction in, fixed systems of knowledge. It encompasses the lists and rules which constitute episteme, derived from practice, from the empirical observation of the world about us, as Aristotle's extended hand suggests, and his *Nicomachaen Ethics* elucidates.

Plato, however, points towards another kind of knowledge: gnosis, the knowledge that is acquired through relationship with the world. Where episteme is concerned with the parts, gnosis is concerned with the whole. In medical terms it is what is meant by a holistic approach: the doctor and patient stand in relationship to each other to explore and co-construct what is best – that is, what is of the highest good – for that individual, in those circumstances, with the options available. Crucially, gnosis arises from the exploration of relationality, using intuition and seeking insight into the world of others, and so it is created in a specific context. This complex and deeply personal exploration constitutes the process of education, and explains why Peters describes education as a conversation: because it must be a shared exploration, whether as a discussion between individuals or as the interior dialogue between an individual and their world, that produces art, literature, music, and philosophy. Ultimately, the purpose of the conversation is to experience and elucidate qualitative understandings, the ethical and aesthetic values that make up the rich, textured quality of life: what constitutes right action, what is the good, the true, the beautiful.

It is in his *Timaeus* that Plato makes his clearest statements about gnosis and its purpose, which is not simply to provide spiritual enlightenment for the individual, but to bring about a morally lawful way of life for the good of all, in a world which is 'a single, visible living being, containing within itself all living beings of the same natural order' (*Timaeus* §30). However, in the seventh letter of his *Epistles*, Plato is also clear that this cannot be achieved through rote learning, but manifests itself as the result of a long, shared inquiry between teacher and learner:

> This knowledge is not something that can be put into words like other sciences; but after long-continued intercourse between teacher and pupil, in joint pursuit of the subject, suddenly, like light flashing forth when a fire is kindled, it is born in the soul and straightway nourishes itself (*Epistles* §341 c).

To produce its 'eureka' moments, its epiphanies of insight, gnosis requires an imaginative understanding as well as a simply factual one: Fleming has to see beyond the dirty petri dishes into the imaginative potential of the penicillin bacterium; or, as Jim Watson described his breakthrough in DNA (1970, 148-9, 163):

> I no sooner got to the office and began explaining my scheme than the American crystallographer Jerry Donohue protested that the idea would not work. The tautomeric forms I had copied out of Davidson's book were, in Jerry's opinion, incorrectly assigned. My immediate retort that several other texts also pictured guanine and thymine in the enol form cut no ice with Jerry. Happily, he let out that for years organic chemists had been arbitrarily favouring particular tautomeric forms over their alternatives on only the flimsiest of grounds. The guanine picture I was thrusting towards his face was almost certainly bogus. All his chemical intuition told him that it would occur in the keto form. He was just as sure that thymine was also wrongly assigned an enol configuration. Again he strongly favoured the keto alternative…

> The unforeseen dividend of having Jerry share an office with Francis, Peter and me, though obvious to all, was not spoken about. If he had not been with us in Cambridge, I might still have been pumping for a like-with-like structure… But for Jerry, only Pauling would have been likely to make the right choice and stick by its consequences.

In human terms, this reaching for understanding through imaginative relationality is called compassion: the act of seeing oneself in the other person, and wishing to treat them as one would wish to be treated by them. This happens in reality, not in the abstract, and the relationship has to be sought anew each time, just as a painting, or a piece of music, or a poem, must be understood again each time it is seen or heard or read. What is sought is a connection with eternal moral values, called 'Forms' by Plato, which will illuminate (literally, 'light up') our understanding of the 'facts' – the pigment on canvas, the vibrations from strings, the ink on paper – that are so carefully delineated by episteme. Gnosis is a reverberant, qualitative knowledge, which seeks to make facts transparent to the possibilities that lie beyond them, the potentials into which they may combine, and the moral lawfulness that attends those alternatives.

Raphael has painted Plato's light, mobile figure as a direct link between the material world, in which he stands barefoot, and the world of imaginative insight, to which his raised hand points, and has made a circle of continuity to the easily carried *Timaeus*, where Plato describes the relationship between eternal values and lived experience. By contrast, the figure of Aristotle seems static, foreshortened to stillness by his outreaching hand, and with his progress impeded by the weighty *Nicomachaen Ethics* resting clumsily on his thigh, suggesting that episteme without gnosis is, in the end, more of a hindrance than a help. However, Raphael has linked the two together, overlapping them, so that Plato's walk, and his glance beyond Aristotle, moves the younger philosopher along with him, suggesting, perhaps, the moral obligation of the educator to help the learner to proceed: a practical example of an imaginative, compassionate sharing of worlds.

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Whole and Part

As Tarnas (1991, 68-72) points out, taken together Aristotle and Plato represent an 'elegant balance and tension between empirical analysis and spiritual intuition' with an 'accompanying creative tension and complexity,' which provided Western philosophy with 'a dual legacy' that has been fundamental and enduring. Crucially, it reveals a relationship between a whole and a part, in which a larger term contains a smaller one, and makes meaning of it. Education, with its demand for an ethically based rationale and its provisional, exploratory conversations, contains training, with its information, tips, and facts, just as gnosis contains episteme.

The relationship between the part and the whole, the inevitable fragmentation of our experience in order to survive physically in the world, together with the overwhelming need

to experience its wholeness, in order to find value in our lives, both builds on, and pre-dates, classical Greek thought. It is exemplified by the work of two contemporary philosophers, David Bohm and Jules Cashford. Bohm's *Wholeness and the Implicate Order* develops a rational and scientific theory, based on quantum physics, which treats the totality of existence, including matter and consciousness, as an unbroken whole. He comments:

> It is instructive to consider that the word 'health' in English is based on an Anglo-Saxon word 'hale' meaning 'whole': that is, to be healthy is to be whole, which is, I think, roughly the equivalent of the Hebrew 'shalem'. Likewise, the English 'holy' is based on the same root as 'whole'. All of this indicates that man has sensed always that wholeness or integrity is an absolute necessity to make life worth living. Yet, over the ages, he has generally lived in fragmentation (Bohm 1980, 3).

This fragmentation, Bohm (1980, 8) suggests, arises out of individuals' need to separate off pieces of experience in order to understand them, and he recognises that this has produced remarkable insights:

> Consider, for example, the atomic theory, which was first proposed by Democritus more than 2,000 years ago. In essence, this theory leads us to look at the world as constituted of atoms, moving in the void. The ever-changing forms and characteristics of large-scale objects are now seen as the results of changing arrangements of the moving atoms. Evidently, this view was, in certain ways, an important mode of realization of wholeness, for it enabled men to understand the enormous variety of the whole world in terms of the movement of one single set of basic constituents, through a single void that permeates the whole of existence. Nevertheless, as the atomic theory developed, it ultimately became a major support for a fragmentary approach to reality. For it ceased to be regarded as an insight, a way of looking, and men regarded instead as an absolute truth the notion that the whole of reality is actually constituted of nothing but 'atomic building blocks', all working together more or less mechanically.

Quantum theory, of course, challenged such a view, revealing that light is both a particle and a wave, and thereby suggesting that a new set of relationships remained to be discovered. However, as Bohm (1980, 8) points out, what is required is not a new, more integrated way of thinking, but a fundamental recognition that ideas of fragmentation and integration are themselves illusory:

> What should be said is that wholeness is what is real, and that fragmentation is the response of this whole to man's action, guided by illusory perception, which is shaped by fragmentary thought… So what is needed is for man to give attention to his habit of fragmentary thought, to be aware of it, and thus bring it to an end… What is called for is not an *integration* of thought, or a kind of imposed unity, for any such imposed point of view would itself be merely another fragment. Rather, all our different ways of thinking

are to be considered as different ways of looking at the one reality…The whole object is not perceived in any one view, but, rather, it is grasped only *implicitly* as that single reality which is shown in all these views.

Bohm's vision of wholeness is, of course, Plato's vision of 'the One', described in *Timaeus*, where Plato also begins the fragmentation process by breaking down the implicate order into four elements of fire, water, air, and earth, in order to describe and understand their combination in people and their implications for medical care. Crucially, knowledge gained from empirical observation and knowledge gained through relationships are interdependent: in Kant's famous formulation, 'Thoughts without concepts are empty… intuitions without concepts are blind' (*Critique of Pure Reason*, A51).
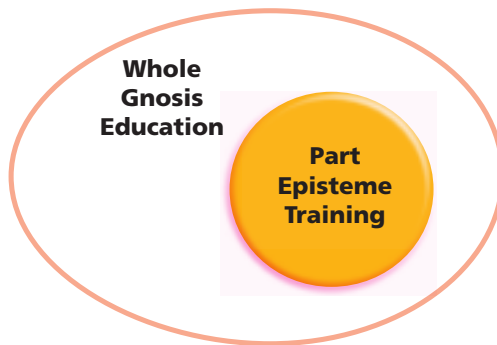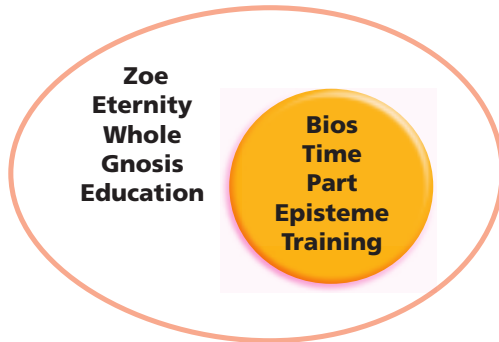

Zoe and Bios

Taken together, however, gnosis and episteme reveal a larger relationship which, in contemporary scientific terms, Bohm calls 'the implicate order', and for which Jules Cashford employs the classical Greek terms 'zoe' and 'bios'. Tracing the evolution of the implicate order from the sensibility evidenced by Palaeolithic art to the contemporary European mind, Cashford says:

> This essential distinction between the whole and the part was later formulated in the Greek language by the two different Greek words for life, zoe and bios, as the embodiment of two dimensions co-existing in life. *Zoe* is eternal and infinite life; *bios* is the living and dying manifestation of this eternal world in time. The Classical scholar Carl Kerenyi explains: 'Zoe is the thread upon which every individual *bios* is strung like a bead, and which, in contrast to bios, can be conceived of only as endless' – as 'infinite life' (Baring and Cashford 1991, 148).

The awareness that 'life in time' is held within 'life in eternity' reveals another relationship – that between the finite, like people, and the infinite, such as the universe. This means that people belong to the world, rather than the world belonging to people, an understanding that is fundamental to contemporary concerns about ecology and conservation. Suddenly,

a vision of the world that seemed new and marginal, is revealed as a fundamental part of human consciousness. Each is lived through the other, encouraging a constant exploration of relationships, that is at once imaginative and practical. It is here, finally, in the implicit moral order, that principles and practice catalyse each other into new knowledge, requiring us to determine where we stand in relationship to everyone and everything: this is education.

Getting It Wrong

An adequate rationale for education, then, lies in a series of relationships, rightly held: the relationship between principles and practice; between education and training; between gnosis and episteme; and between zoe and bios, as the infinite and the finite, eternity and time, the whole and the part. Education requires an imaginative exploration of these relationships by the individual, an exploration which is fundamentally a felt, ethical inquiry. At its moral centre is what Huxley (1946, 2) calls 'the perennial philosophy', the principle of compassion, which he traces through world religions. This principle is held in common by all spiritual paths, and it requires us to recognise ourselves in others, and thus to treat others as we would wish to be treated ourselves. Huxley refers us to the Sanskrit formula, *tat tvam asi* ('That art thou'). A secular expression of this spiritual value is provided by Kant, as the 'Categorical Imperative', that is, as an absolute principle for the conduct of human affairs (*Groundwork of the Metaphysics of Morals*, 4:421). The Categorical Imperative has three requirements: that we should act as though our action was a universal law, that will affect us as well as others; that we treat all of humanity, including ourselves, as ends in their own right, not as means to an end; and that we should act as though all our actions will bring into being a world of ends. It is these principles that lie behind both the playground cry of 'It's not fair!' and the medical insider's gold-standard for clinical care, 'Would you let this person attend a member of your family?' Both circumstances make a fundamental appeal to individual compassion and to the implicit moral order, and both express felt, lived experience of relationship.

But what about when things go wrong, when the learner is devastated, or the patient harmed? This question has been a source of ethical concern from the earliest recorded times, as we can learn from the first story that we have written down, the Mesopotamian *Epic of Gilgamesh*. There, the hero, Gilgamesh, victorious King of Uruk, decides to kill the lord of the forest, Humbaba:

He said to his servant Enkidu, 'I have not established my name stamped on brick as my destiny decreed; therefore I will go to the country where the cedar is felled, I will set up my name in the place where the names of famous men are written'… 'We will go to the forest and destroy the evil, for in the forest lives Humbaba whose name is "Hugeness", a ferocious giant'… 'Then if I fall I leave behind me a name that endures: men will say, "Gilgamesh has fallen in fight with ferocious Humbaba." Long after the child has been born in my house, they will say it and remember' (Sandars 1960, 68-9).

Gilgamesh ignores his faithful companion, Enkidu, who implores: 'Do not abuse this power, deal justly.' Enkidu himself is drawn into the desire for victory at all costs, so that when Humbaba piteously appeals to Gilgamesh for compassion, it is denied him, and he is slain. There is a moment when one appeals to the compassion of the other, asking as a universal principle of mercy, 'Should not the snared bird return to its nest, and the captive man return to his mother's arms?' (Sandars 1960, 81). However, Humbaba has become a means to the end of Gilgamesh's personal glory, and so must be destroyed.

Crucially, it is not just that Gilgamesh and Enkidu breach the implicit moral order that advocates compassion, but that they break it intentionally and knowingly, and it is precisely this that the writer was at pains to point out 4,000 years ago. They thus incur *moral guilt*, that is, the personal guilt arising from the deliberate intention to do harm, and the rest of the epic deals with Gilgamesh's sense of desolation arising from his moral guilt, and the terrible journey he undertakes to try to expiate it.

This is quite different from setting out with good intentions and carefulness, yet somehow failing because of circumstances beyond your control. To that experience the Greeks (Kitto 1951, 170) gave the name 'hamartia', with the image of an arrow missing the mark. The archer aims attentively at the centre of the target, but the arrow is taken astray by external factors, so that it misses the mark. As the metaphor indicates, such a stray arrow may be no less deadly than an aimed one, but the intention is not to do harm and thus the ethical bond is honoured. Hamartia gives rise to *tragic guilt*, which does not belong to the actor but to the way of the world and, indeed, may not be owned by the actor. Rather, it must be located within what the Greeks called 'Ananke', implacable fate, necessity, serving as a reminder to the actor that some things are beyond their control. Circumstances such as these, above all, delineate the interplay between practice and principle, and the need to live within, rather than live against, the complexities of an imperfect world.

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Vulnerability

KSS Education Department's approach, therefore, is to take a set of ethical principles directly into practice, into real-life, complex, problematic clinical settings, with the expectation that those principles will be refined and exemplified by practice. The vision is of education as a whole, an interweaving of principles and practice, gnosis and episteme, a reconciliation of

the different kinds of knowledge called by Ryle (1949, 25-61) 'knowing that' and 'knowing how'. The quality that education, in this fuller sense, provides for individuals is typified by Peters (1966, 30) as 'transformation', since 'education implies that a man's outlook is transformed by what he knows', and it is to be achieved through 'conversation':

> The question is whether explicit learning situations are sufficient to bring about this integrated outlook. The classical way of ensuring this, surely, has been not courses but conversation. Conversation is not structured like a discussion group in terms of one form of thought, or towards the solution of a problem. In a conversation, lecturing to others is bad form; so is using the remarks of others as springboards for self-display. The point is to create a common world to which all bring their distinctive contributions.

The 'distinctive contribution' which KSS ADEs bring to professional conversations is their expertise in education, which will usually have been their lifelong vocation, just as medicine has been the lifelong vocation of the doctors with whom they work. This suggests vulnerability on both sides. ADEs are guests in the world of medicine, seeking to make sense of an environment which is foreign to them, while focusing on educational processes with which they have long and intimate acquaintance. Similarly, clinicians are opening up their practice to scrutiny by experts whose knowledge of education is as great as their own knowledge of their clinical specialty. Both have as their shared focus the best interests of the learner and a recognition that good teaching produces good patient care. They must explore each other's worlds, share understandings, and develop agreements about what constitutes acceptable practice, in a particular place, at a particular time, and under particular circumstances. These two experts must negotiate between them what Benhabib (1992, 25) calls 'the transfer of the power and prerogative of judgement', so that each empowers the other to discuss their different, temporarily shared, areas of professional practice. These discussions take place in the highly politicised contexts of PGME, and as Benhabib (1992, 25) points out, 'judgement, as a social process of appropriating and exercising knowledge, can become a political question'. Ultimately, however, the professional conversation about education in clinical settings is structured by a shared ethical concern, which differentiates it from political questions:

> Moral judgement differs from these other domains in one crucial respect: the exercise of moral judgement is pervasive and unavoidable; in fact, this exercise is coextensive with relations of social interaction in the lifeworld in general. Moral judgement is what we 'always already' exercise in virtue of our being immersed in a network of human relationships that constitute our life together (Benhabib 1992, 25).

The real, shared concern of educationists and clinicians, therefore, is that their professional judgements should be morally lawful, not that they should be politically appropriate. Like Gilgamesh and Enkidu, they face moral choices at each turn of their professional conversation. In particular, they are acutely aware that people – their learners and their patients respectively – may not be treated as means to an end, for to do so would be to deny their autonomy, their freedom to choose, and thus their moral agency. As Barfield (1953,

121) points out, the word 'heretic' is derived from the Greek 'hairetikos', 'able to choose', and in that sense doctors and teachers, and patients and learners, are all necessary heretics, if the practice of medicine and education is to be ethical.

There is, therefore, a necessary sense of uncertainty and displacement in the practice of education in clinical settings, which might be considered as a particular form of consciousness, called by Braidotti (1994, 25) a 'nomadic consciousness':

> Nomadic consciousness is akin to what Foucault called countermemory; it is a form of resisting assimilation or homolgation into dominant ways of representing the self… The nomadic style is about transitions and passages without predetermined destinations or lost homelands. The nomad's relationship to the earth is one of transitory attachment and cyclical frequentation; the antithesis of the farmer, the nomad gathers, reaps, and exchanges but does not exploit.

The professional conversation takes place in the zone of contact between education and medicine, a liminal area, the 'third space', an essentially moral dimension that is discussed by Pam Shaw in Chapter 3 and Rachel Robinson in Chapter 4 of this book. In marrying practice with principles it is a discussion that is at once tentative, provisional and uncertain, and assured, acute and precise. It has the qualities that the novelist Thomas Mann ascribed to 'lunar syntax', and which his faithful correspondent, the mythologist Karl Kerenyi, termed 'Hermetic'. For Mann (1933, 77-8), 'things look differently under the moon and under the sun, and it might be the clearness of the moon which would appeal to the spirit as the truer clarity', so that an individual's personal narrative necessarily 'opened at the back, as it were, and overflowed into spheres external to his own individuality both in space and in time', not least because 'the conception of individuality belongs after all to the same category of conceptions as that of unity and entirety, the whole and the all.' In Mann's capacity for moving in this proximal zone, where individual and eternal realities intercalate, Kerenyi (1975, 6-7) found 'an embodiment of that Hermetic spirit…He moved in this realm of human existence, this border area between life and death, as the Greeks believed their god Hermes did. The spiritual reality of the god Hermes, the basis of the faith he once inspired, involved a capability that, after all, also corresponds to an exceptional capacity of the mind: to be at home even in that realm.'

It is the role of the educationist to bring the moral unconscious into consciousness, to support the learner in bringing that which they have 'always already' known, the implicate order, into their professional practice. This is the 'transformation' to which Peters refers. It is the role of the clinician to be at home in the 'border area between life and death' and to initiate their learners into that exceptional practice. This is the fundamental transformation of human existence. Between these two transformative practices and seeking to capture them, both allusively and exactly, lie the professional conversations, accounts of 'how it is' and 'how it might be' that are a complex synthesis of externally derived knowledge, mediated through personal experience – stories that change, perhaps, in the re-telling, and in their changes move on both the teller and their auditor.

The remainder of this book is devoted to KSS Education Department's reflections on some of these 'conversations from the field'.

References

Aristotle. 1976. *Ethics*. Translated by J.A.K. Thomson, revised by Hugh Tredennick and edited by Betty Radice. London, Penguin.

Barfield, O. 1953. *History in English Words*. London: Faber and Faber.

Baring A. & J. Cashford. 1991. *The Myth of the Goddess: Evolution of an Image*. London: Viking.

Barrow R. & R. Woods. 1988. *An Introduction to the Philosophy of Education*. London: Routledge.

Benhabib, S. 1992. *Situating the Self: Gender, Community and Postmodernism in Contemporary Ethics.* Cambridge: Polity Press.

Bohm, D. 1980. *Wholeness and the Implicate Order*. London: Routledge.

Braidotti, R. 1994. *Nomadic Subjects: Embodiment and Sexual Difference in Contemporary Feminist theory*. New York: Columbia University Press.

de Cossart L. & D. Fish. 2005. *Cultivating a Thinking Surgeon*. Shrewsbury: tfm Publishing.

Eraut, M. 1994. *Developing Professional Knowledge and Competence*. London: Falmer Press.

Huxley, A. 1946. *The Perennial Philosophy*. London: Chatto & Windus.

Kant, I. 1996. Groundwork of the Metaphysic of Morals (1785). In *Practical Philosophy*. Translated and edited by Mary J. Gregor. Cambridge: CUP.

Kant, I. 1998. *Critique of Pure Reason*. Translated and edited by Paul Guyer. Cambridge: CUP.

Kerenyi, K. 1975. *Mythology and Humanism: the Correspondence of Thomas Mann and Karl Kerenyi*. Translated by Alexander Gelley. London: Cornell University Press.

Kitto, H. D. F. 1951. *The Greeks*. Harmondsworth: Penguin.

Mann, T. 1999. *Joseph and His Brothers*. Translated by H. T. Lowe-Porter. London: Vintage.

Oakeshott, M. 1962. *Rationalism in Politics: And other Essays*. London: Methuen.

Peters, R. S. 1966. *Ethics and Education*. London: Allen & Unwin.

Peters, R. S. 1967. What is an Educational Process? *The Concept of Education*. London: Routledge and Kegan Paul.

Plato. 1962. *Epistles*. Translated by Glenn R. Morrow. New York: Bobbs-Merrill.

Plato. 1971. Timaeus. *Timaeus and Critias*. Translated by Desmond Lee and edited by Betty Radice. London: Penguin.

Playdon Z. J. & D. Goodsman.1997. Education or Training: Medicine's Learning Agenda. *British Medical Journal* 314. 29 March 1997. 983-4.

Ryle, G. 1949. *The Concept of Mind*. London:Hutchinson.

Sandars, N. 1960. *The Epic of Gilgamesh*. Harmondsworth: Penguin Books.

Stone, E. 1992. *Quality Teaching: a Sample of Cases*. London: Routledge.

Tarnas, R. 1991. *The Passion of the Western Mind*. New York: Ballantine Books.

Watson, J. D. 1970. *The Double Helix*. London: Penguin.