


5-1971

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## Recommended Citation

Beresford, H. Richard, "The Teaching of Legal Medicine in Medical Schools in the United States" (1971). *Cornell Law Faculty Publications*. 1650.  
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# The Teaching of Legal Medicine In Medical Schools in the United States

*H. Richard Beresford, M.D., J.D.*

As medical school curricula undergo revision, a question arises as to whether it is important or desirable to offer a course in legal (forensic) medicine. Among the arguments for such a course are that increasing numbers of doctors are becoming defendants in professional liability suits (1), that doctors are frequently called to testify in lawsuits which involve medical issues, that the body of law pertaining to both the practice of medicine and the operation of educational and research programs is growing, that both the practice of medicine and the administration of health care systems are business enterprises which require some understanding of the applicable laws, and that doctors should function as informed citizens in a society which emphasizes the rule of law. Countervailing arguments are that nonscientific courses should not be offered in already crowded medical school curricula, that education in legal matters should be left to medical societies or other institutions which have a more pragmatic orientation than medical schools, that doctors can absorb what they need to know about law from general reading and attending meetings which focus on medicolegal problems, and that organizing a course which

usually requires participation of non-medical school faculty is unduly burdensome.

It is probable that many medical schools have weighed some of these arguments in opting for or against inclusion of legal medicine in their curricula. It is possible, too, that some have not even considered the question—despite a firm recommendation by the medico-legal committee of the American Medical Association in 1968 that courses in legal medicine be offered (2).

This study provides data about the extent to which legal medicine is currently being taught in medical schools in the United States. These data are considered in light of the attitudes they reflect about the teaching of legal medicine and the implications they have for the future offering of such a course.

## Materials and Methods

The author sent questionnaires to the deans of 96 four-year medical schools in the United States during February and March 1970. They were designed to elicit information about the existence and staffing of divisions of legal medicine, the nature and content of the courses being offered, and future plans with respect to the offering of such courses.

## Results

Seventy-nine responses were received from four-year medical schools. Eleven schools

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have separate divisions of legal medicine. In eight, the division of legal medicine is part of the department of pathology; in one, it is part of the department of psychiatry; and in two, it is independent. Eight of the divisions are headed by a member of the full-time faculty, one of whom holds both law and medical degrees and three of whom hold joint appointments at law schools. The number of full-time members of these divisions ranges from zero to seven (mean of 3). Three divisions have no members with full-time faculty status.

Forty-two schools offer some type of course in legal medicine for medical students. In addition, one school has developed a special six-year M.D.-J.D. program for which it plans to select no more than three highly qualified students per year. Seven schools which currently do not offer a course in legal medicine plan one for the future. One school which currently offers a course will "maybe" discontinue it because of student complaints of lack of relevance and faculty complaints of poor attendance. Of the 42 schools having a course in legal medicine, 27 offer it as an elective course and 15 require it. Credit is given for the course in 28 schools, and a final examination is given in 13 courses. The course is most frequently offered in the fourth year (16 schools). However, there is considerable variation in this respect. Ten schools allow the course to be elected in any year, six offer it in the third year, four offer it in either the third or fourth year, four offer it in the second year, and two offer it in either the first or second year.

Twenty-seven schools allot 10 or more classroom hours to the course, while 15 allot less than 10 classroom hours. Full-time medical school faculty participate in 26 courses, part-time medical faculty in 12 courses, and lawyers in 37 courses.

Various other professionals lecture or teach in some sessions of some courses, including sociologists, health planners, and judges. The subjects that are most frequently covered are as follows: professional liability (39); physician testimony in court (38); problems relating to consent by patients to diagnostic, therapeutic, and investigational procedures (31); forensic pathology (29); relationship of psychiatry and law (24); legal problems relating to organ transplants (24); and medical ethics (24). Less frequently covered subjects include business problems of physicians, workman's compensation proceedings, insurance matters, medical licensure laws, abortion laws, physician-patient privilege, and medical legislation. Study materials include textbooks of legal medicine, mimeographed data, reprints of selected articles of law cases, and movies. Four courses include a moot court demonstration.

Student participation in courses ranges from passive attendance at lectures to active participation in seminars and research projects on particular medico-legal problems. Comments from the persons completing the questionnaires indicate that the former approach predominates. Data which confirm this impression are that lectures are the principal mode of presentation of 12 courses, that no final examination is given in 29 courses, and that no credit is given in 14 courses. One respondent noted that there appeared to be more interest in surveying the teaching of legal medicine than in actually offering such a course.

#### Comment

The survey data reflect a broad spectrum of attitudes toward the teaching of legal medicine. On the one hand, nearly half the schools that replied seem to regard such a course as too unimportant to teach, and several others offer it only as a non-

credit lecture series. On the other hand, a few schools offer courses which have broad coverage and which require considerable input from students. It may be that the attitude of medical school administrations toward a course in legal medicine depends to some degree upon how difficult it is to obtain qualified faculty. If there are available lawyers or law professors who enjoy teaching law to medical students and who can conveniently participate in a medical school activity, it need not be difficult to achieve a course which informs and interests students. But if implementing the course requires obtaining the sometimes reluctant participation of busy practicing lawyers, it is easy to understand a curriculum committee's lack of enthusiasm.

In weighing the importance of teaching legal medicine, it is well to consider the nature of the offering. A few lectures which highlight the risks of being sued for malpractice and inform the embryonic physician as to how to behave on the witness stand may only accentuate the antagonism of medical students toward lawyers and provide little intellectual content. Moreover, the essence of information from such a lecture series may be obtained from reading the numerous journals which focus upon the business, legal, and financial problems of physicians. It is also debatable whether a medical student benefits much from hearing of these matters several years before he enters practice.

A more broadly oriented course, which includes an analysis of how the legal process functions and of how lawyers and judges approach medico-legal problems, promises more substance for the student. He may gain from this approach a perception of the reasons which underlie the rules relating to professional liability and to the handling of medical evidence in court. He may also gain a sharper picture

of the overall role of the physician in the administration of justice. This type of course probably cannot be organized on a lecture format. It should include opportunities for interchange of ideas between student and faculty and require the student to review legal source materials (for example case reports, transcripts of trial testimony, medical reports from doctors to lawyers). Also, the faculty should include lawyers or law teachers who are able to convey what is involved in legal decision-making. Such courses exist in a few schools. But since they require relatively large time commitments from faculty and students and require participation of lawyers, they may not be feasible for some schools.

It seems likely, based on the survey data, that a majority of medical schools will continue to offer courses in legal medicine. The trend toward elective curricula suggests that a course will then succeed or fail depending principally on how well it is taught. The question of its relevance depends upon the observer. Those who wish to alert future physicians to the legal hazards of medical practice will hold it highly relevant. Those who believe that medical school is a place to learn the art and science of medicine in the purest sense will deem it a waste of time. The student may find it relevant if it includes ways of dealing with social injustice, particularly with respect to the role of the physician. The student may also simply wish to learn a few tips for avoiding harassment by lawyers or to gain some insight into how the legal process operates. In an elective curriculum, these various conceptions of relevance are noteworthy since they will affect the structure of the course and the response of students to it. But relevance notwithstanding, an elective course in legal medicine will be chosen by a substantial number of students only if the faculty

members are informed and articulate and can convey a sense of how the legal system functions.

#### Summary

The study reviews the role of legal medicine in the medical school curriculum. A survey of the teaching of legal medicine of 79 U.S. medical schools reveals the following:

1. Eleven have separate divisions of legal medicine.
2. Forty-two offer some type of course in legal medicine, the nature of which ranges from a short lecture series to seminars which require considerable student input.
3. Twenty-eight offer the course for

credit, 15 give it as a required course, and 13 require a final examination in the course.

Some implications of these data are discussed. It is concluded that a majority of schools will probably continue to offer a course in legal medicine. It is suggested that a successful course requires the participation of lawyers who are able teachers and who can convey a sense of how the legal system functions.

#### References

1. U. S. Senate, Subcommittee on Executive Reorganization. *Medical Malpractice: The Patient Versus the Physician*. Washington, D.C.: U.S. Government Printing Office, 1969, Pp. 1-13.
2. FISHER, R. S. Teaching Medical Law. *J.A.M.A.*, 205:245-246, 1968.