

審査の結果の要旨

ブライス トーマス ジェームス
氏名 BRYCE Thomas James

This research sought to develop a cross-cultural instrument for evaluating and comparing medical ethical ideas in physicians and non-physicians in Japan and the United States with quantitative and qualitative techniques, and to evaluate the appropriateness and utility of this instrument with a pilot study examining the hypothesis that physicians in Japan and the United States adhere to an ethical model more focused on patient rights and autonomy than socioeconomically similar non-physicians. The following results were achieved.

1. A novel vignette-based instrument for evaluating medical ethical ideas among physicians and non-physicians in Japan and the United States was developed in three stages, using both quantitative (Likert-scale questions) and qualitative (free-form text response) techniques. In a draft stage, a novel instrument was generated based on results of prior research, and was submitted to groups of Japanese and American physicians and non-physicians for review and commentary. In a pilot survey stage, a revised version of the instrument was employed in a study involving physician and non-physician respondents in Tokyo and New York. Finally, the results achieved in the first two stages guided development of a final proposed cross-cultural survey instrument.
2. Methods of qualitative data analysis involving open coding to identify conflict resolution strategies employed by respondents in controversial medical ethical situations, as well as to identify values or principles which may take precedence for respondents over a strict patient rights and autonomy-based ethical model, were developed and pilot-tested.
3. The pilot study of physicians and high socioeconomic status non-physicians in Tokyo and New York was used to evaluate the utility and appropriateness of the instrument in assessing the hypothesis that physicians in Japan and the United States, compared to non-physicians, subscribe to an ethical model that more strictly respects patient rights and autonomy than non-physicians. An importance of this hypothesis to the topic of government regulation of medical ethics in the United States was proposed based on a review of prior literature and on a historical review of American governance.
4. A coherent pattern of quantitative and qualitative data in the pilot survey results regarding the research hypothesis supported the utility and applicability of the survey instrument for the evaluation of the research hypothesis. Additionally, response patterns in the pilot survey regarding issues that have previously been well investigated were generally consistent with the results of prior research, supporting the ability of the instrument to capture relevant medical ethical ideas in the examined populations.

Accordingly, this research developed a novel instrument using both quantitative and qualitative methods for the evaluation of medical ethical ideas among physicians and high socioeconomic status non-physicians in Japan and the United States, gathered evidence regarding the ability of the instrument to capture relevant phenomena among the studied populations, and evidence regarding the utility and applicability of the instrument in the evaluation of the hypothesis that physicians in Japan and the United States, compared to non-physicians, subscribe to a medical ethical model that more strongly respects patient rights and autonomy. This research was the first to develop and apply an instrument using qualitative as well as quantitative methods to the cross-cultural evaluation of controversial medical ethical ideas among Japanese and American physicians and non-physicians, and the first cross-cultural

research regarding Japanese and American physicians and non-physicians that utilized a general population sample, rather than a patient sample, in the non-physician group. This work also adopted a novel theoretical perspective that asserts that government regulation of medical ethics fundamentally influences the culture of medical practice, and that evaluation of such regulatory efforts must therefore assess both what the relevant current ethos of medical practice actually is, and compare this with what would be expected of physicians from the populations they serve, to determine whether regulatory efforts are appropriate and desirable. Accordingly, this work has made a significant contribution to cross-cultural medical ethics that is worthy of the granting of a degree.