

Academic Freedom in the Medical School

The statement that follows was adopted by the participants in the Conference on Academic Values in the Transformation of Academic Medicine in May 1999. It was endorsed in June 1999 by the Association's Committee A on Academic Freedom and Tenure, adopted by the AAUP Council, and approved by the Eighty-fifth Annual Meeting.

The term “academic freedom” refers to the freedom of college and university faculty to teach, to conduct research and publish the results, and to fulfill responsibilities as officers of an educational institution. Academic freedom is a core value in the American community of higher learning. Its protection is a crucial responsibility of university faculties, administrations, and governing boards. While academic freedom clearly safeguards the work of professors and their institutions, its primary purpose is to advance the general welfare. In the words of the seminal 1940 *Statement of Principles on Academic Freedom and Tenure*, “Institutions of higher education are conducted for the common good and not to further the interest of either the individual teacher or the institution as a whole. The common good depends upon the free search for truth and its free exposition.”¹

An administrative officer in academic medicine has recently observed that the issue of academic freedom, so central to the academic life of the university, “has rarely been debated within our nation’s medical schools.”² With the major changes that are currently in process in academic health centers—in the teaching of students, in the status of medical school faculty, and in the conditions under which these faculty members work—it is urgent that this topic now be addressed.

The modern medical school has many of the attributes of a complex, market-driven health-care system with professors often acting as entrepreneurs in research and in patient care. It is marked by conflicting roles and responsibilities, both academic and nonacademic, for faculty members and administrators alike. The intense competition for private or governmental funding can affect the choice of research subjects, and in some instances, scientists in academic medicine are finding it difficult to secure funding for unorthodox research or research on matters that are politically sensitive. The growing reliance on the clinical enterprise at many medical schools, and the resulting expansion of the number of professors who are engaged mainly in clinical work, may serve to divert the schools from their teaching mission, and may implicitly or explicitly dissuade professors from devoting their attention to such activities as graduate teaching or university service that are not income producing in nature. Further affecting the academic freedom of medical school faculty is the hospital pattern of hierarchical organization, with deans and department chairs—and often professional administrators who lack medical training or academic experience—making decisions that elsewhere in the university would be made collegially or left to individual professors. Academic freedom should be especially nurtured and supported because of the constraints surrounding medical research. Rules governing genetic research and engineering, debates about the beginning and end of human life, and disputes about the use of animals for research and experimentation are examples of matters that can profoundly affect the work of medical school professors. While society may require restraints on the pursuit of knowledge in these and other similarly sensitive areas, basic principles of academic freedom, in the medical school as elsewhere in an institution of higher learning, must be observed.

1. *Freedom to Inquire and to Publish*. The freedom to pursue research and the correlative right to transmit the fruits of inquiry to the wider community—without limitations from corporate or political interests and without prior restraint or fear of subsequent punishment—are essential to the advancement of knowledge. Accordingly, principles of academic freedom

allow professors to publish or otherwise disseminate research findings that may offend the commercial sponsors of the research, potential donors, or political interests, or people with certain religious or social persuasions. As stated in a 1981 AAUP report, however, “Academic freedom does not give its possessors the right to impose any risk of harm they like in the name of freedom of inquiry. It is no violation of any right . . . that falls into the cluster named by ‘academic freedom’ for a university to prevent a member of its faculty from carrying out research, at the university, that would impose a high risk of serious physical harm on its subjects, and that would in only minimal ways benefit either them or the state of knowledge in the field in question.”³ The pursuit of medical research should proceed with due regard for the rights of individuals as provided by National Institutes of Health and university protocols on the use of human and animal subjects. Any research plan involving such matters should be reviewed by a body of faculty peers or an institutional review board both before research is initiated and while it is being conducted. Any limitations on academic freedom because of the religious or other aims of an institution should be clearly stated in writing at the time of initial appointment.

2. *Freedom to Teach.* The freedom to teach includes the right of the faculty to select the materials, determine the approach to the subject, make the assignments, and assess student academic performance in teaching activities for which faculty members are individually responsible, without having their decisions subject to the veto of a department chair, dean, or other administrative officer. Teaching duties in medical schools that are commonly shared among a number of faculty members require a significant amount of coordination and the imposition of a certain degree of structure, and often involve a need for agreement on such matters as general course content, syllabi, and examinations. Often, under these circumstances, the decisions of the group may prevail over the dissenting position of a particular individual.

When faculty members are engaged in patient care, they have a special obligation to respect the rights of their patients and to exercise appropriate discretion while on rounds or in other nonclassroom settings.

3. *Freedom to Question and to Criticize.* According to a 1994 AAUP statement, *On the Relationship of Faculty Governance to Academic Freedom*, faculty members should be free to speak out “on matters having to do with their institution and its policies,” and they should be able “to express their professional opinions without fear of reprisal.”⁴ In speaking critically, faculty members should strive for accuracy and should exercise appropriate restraint. Tolerance of criticism, however, is a crucial component of the academic environment and of an institution’s ultimate vitality. No attribute of the modern medical school that may distinguish it from other units within a university should serve as a pretext for abridging the role of the medical faculty in institutional governance, including, but not necessarily confined to, those areas specified in the AAUP’s 1966 *Statement on Government of Colleges and Universities* as falling within the faculty’s primary responsibility.⁵

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Despite the serious challenges currently facing them, our institutions of academic medicine should respect and foster conditions that are essential to freedom of learning, freedom of teaching, and freedom of expression.

Notes

1. AAUP, *Policy Documents and Reports*, 10th ed. (Washington, D.C., 2006), 3. For a discussion of problems relating to academic medicine and the importance of tenure as a protection for academic freedom, see “Tenure in the Medical School,” *ibid.*, 119–24.

2. N. Lynn Eckhert, “Time Is Ripe for Dialogue About Academic Freedom,” *Academic Physician and Scientist* (July/August 1998): 3.

3. “Regulations Governing Research on Human Subjects,” *Academe: Bulletin of the AAUP* 67 (December 1981): 367.

4. *Policy Documents and Reports*, 141–44.

5. *Ibid.*, 135–40. See also the derivative statement, “Faculty Participation in the Selection, Evaluation, and Retention of Administrators,” *ibid.*, 145–46.