

# Living Ethics: Teaching across the continuum of medical education

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# Objectives



Describe the pillars of medical ethics



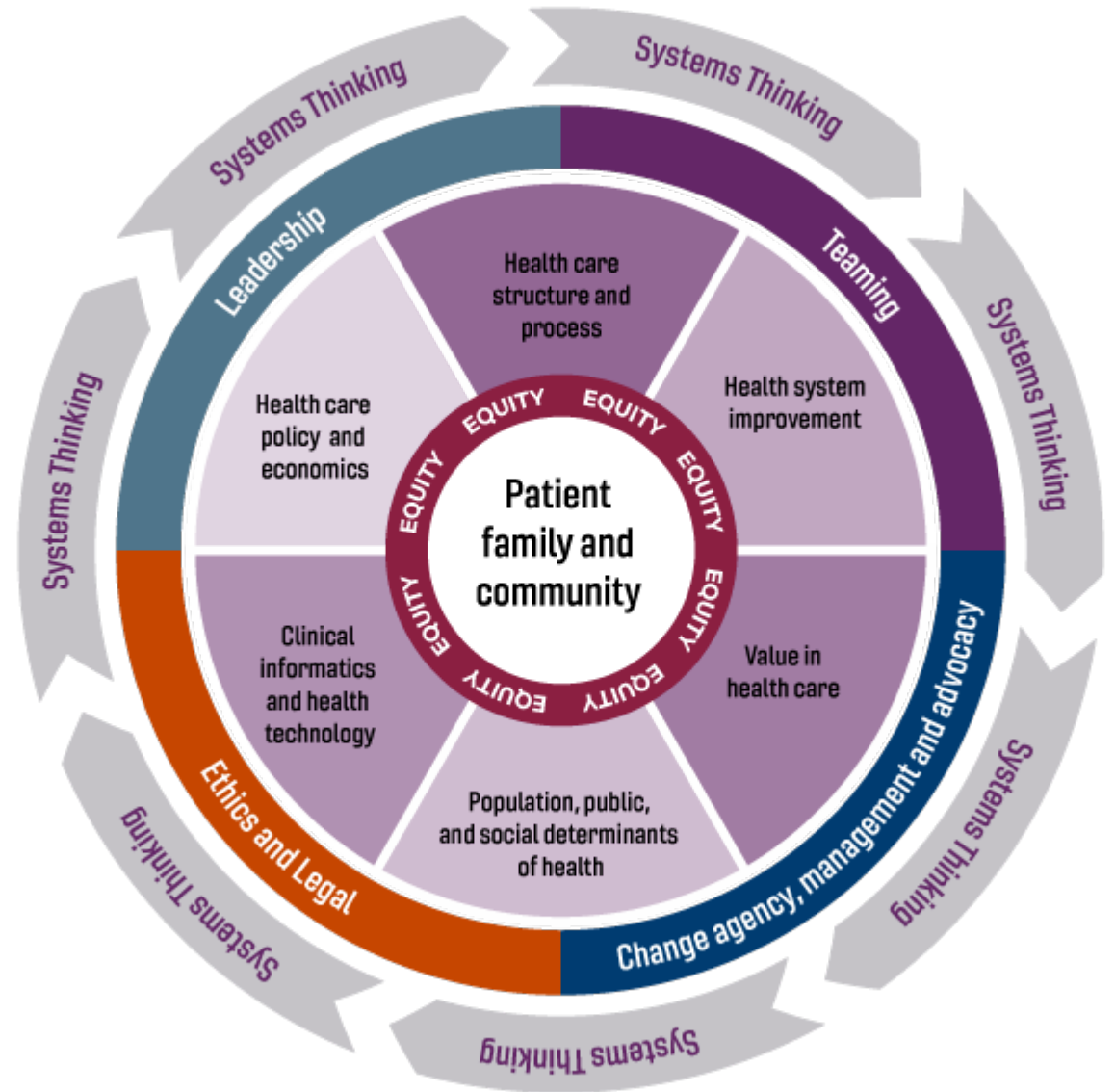
Differentiate between the impact of values, professional ethics, and legal responsibilities on decision-making in health care systems.



Communicate the process of ethical decision-making in a clinical setting



Identify opportunities to incorporate education surrounding medical ethics in your clinical practice.



# Poll questions

- How often do you encounter ethical issues in your clinical practice.
  - Scale of 1 (never) – 2 (some of the time) – 3 (daily)
- Medical students I interact with have a good understanding of ethical issues that arise in clinical practice.
  - yes or no
- Residents and fellows I work with are able to recognize, analyze and navigate ethical issues in clinical practice.
  - None of the time -→ some of the time -→ all of the time

Principles of  
medical  
ethics





# Beneficence

- Physicians have an obligation to:
  - Act in the best interest of the patient
  - To do good for the patient
  - Advocate for the good of the patient

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Duty to do no harm

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Benefits should outweigh burdens  
or potential harms of treatment

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Obligation to protect those at risk  
for abuse and/or neglect

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## Non-Maleficence

Primum Non Nocere – “first,  
do no harm”



# Autonomy

- Right to self-determination
  - “I decide what happens to me”
  - Nothing to, for, or concerning a person against their will
- Capacity vs Competence
- Substituted Judgment/Surrogate decision making
- Informed consent



- To do the most good, for the greatest number of people
- All individuals are entitled to comparable resources and benefits, including:
  - Access to care
  - Treatments
  - Protections

Justice

## Veracity and Respect for Dignity

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Confidentiality

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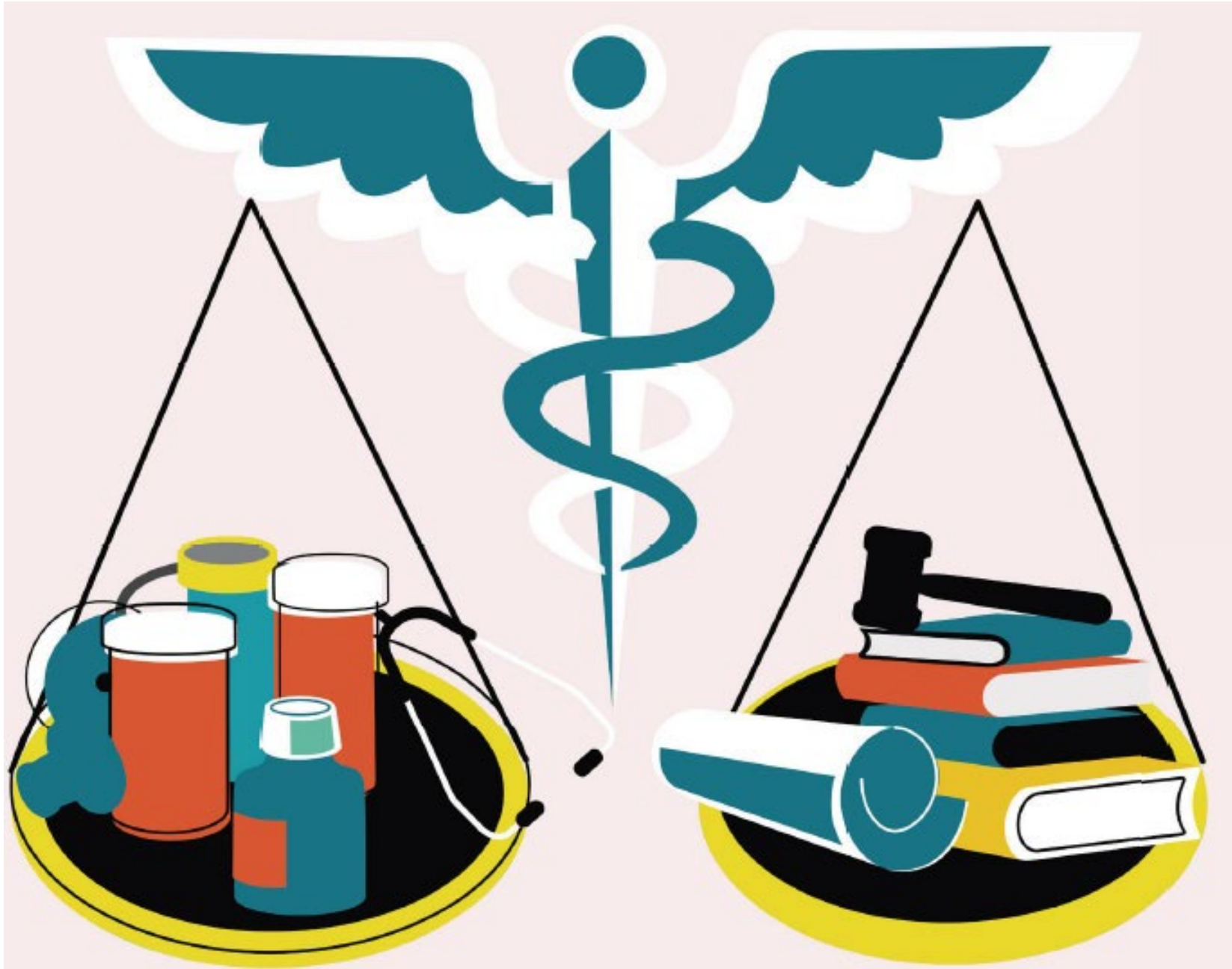
Truth-telling

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Non-abandonment

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Respect for patients' emotions, relationships,  
reasonable goals, privacy, and bodily integrity



# AMA code of ethics: 9 principles of medical ethics

1. A physician shall be dedicated to providing **competent** medical care, with **compassion** and **respect** for human dignity and rights.
2. A physician shall uphold the standards of **professionalism**, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
3. A physician shall **respect the law** and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
4. A physician shall **respect the rights of patients**, colleagues, and other health professionals, and shall **safeguard patient confidences and privacy** within the constraints of the law.

## AMA code of ethics: 9 principles of medical ethics

5. A physician shall continue to **study**, apply, and **advance scientific knowledge**, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and **use the talents of other health professionals** when indicated.
6. A physician shall, in the provision of appropriate patient care, except in emergencies, **be free to choose** whom to serve, with whom to associate, and the environment in which to provide medical care.
7. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the **community** and the betterment of public health.
8. A physician shall, while caring for a patient, regard **responsibility to the patient** as paramount.
9. A physician shall support **access** to medical care for all people.





# The first “right to die” case”: Karen Quinlan 1975

- Persistent vegetative state after respiratory failure.
- Parents wished for her to be allowed to die naturally and doctors refused, stating removal of life-sustaining treatment was the equivalent of murder.
- NJ supreme court sided with parents in 1976.
  - The court found that families are adequate surrogates for incapacitated patients who did not and could not make their wishes known.
  - The court also determined that quality of life is a legitimate factor for consideration when life and death hang in the medical balance.
  - They mandated the formation of a “prognosis committee,” which was a concept that evolved into what we today refer to as a clinical ethics committee.
- She ended up surviving 10 years off mechanical ventilation, with ANH.

# First “right to die” case to get to US supreme court: Nancy Cruzan 1983

- Jan 11, 1983, 25 yo Nancy was thrown from vehicle and found dead by EMS who successfully resuscitated her.
- Persistent vegetative state, required PEG for ANH
- 1988, her parents requested feeding tube to be removed and hospital refused
- The trial court ruled that constitutionally, there is a "fundamental natural right ... to refuse or direct the withholding or withdrawal of artificial life-prolonging procedures when the person has no more cognitive brain function ... and there is no hope of further recovery."



# Theresa Maria Schiavo case 1990

- February 1990, Terri Schiavo suffered cardiac arrest likely to due bulimia complications and remained in persistent vegetative state
- Husband appointment legal guardian in June 1990
- In May 1998, husband petitioned to allow removal of G-tube as he did not feel she would want to be kept alive in vegetative state if irreversible
- Took 2 years for court to agree, after which parents appealed over next 5 years.
- Case highlighted the many different moral views regarding ANH



Why is this important in  
clinical practice today?





- What if a patient refuses treatment?
- What if a healthcare decision goes against a patient's cultural beliefs?
- What if a member of the healthcare team makes a life-threatening mistake?
- What if a healthcare decision goes against your own cultural beliefs?
  - What if your minor patient is diagnosed with pregnancy or STI?

# Importance

- Since ancient Greece and the Hippocratic oath, physicians have been held accountable for taking care of their patients and ensuring little or no harm.
- The concept of a code of ethics that lays out guidelines for physicians' professional conduct and their ethical obligations has remained relevant in the healthcare field ever since.
- The rapid development of medical techniques, treatments, and knowledge following World War II culminated in the creation of several core ethical principles that are still used today in the medical field to guide ethical decision-making in patient care.

# Importance

- Healthcare professionals face ethical dilemmas daily.
- With advances in medical technology and an increasingly diverse patient population, the industry's need for clear ethical guidelines is more critical than ever.
- Ethical issues in health care can be challenging and lead to moral distress.
- Healthcare providers prioritize patient well-being, which can sometimes mean respecting patients' wishes they may disagree with.

# Benefits for patients

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All of the ethical principles benefit patients by guaranteeing respect for patient autonomy and equitable treatment, and that patients will receive the best care available based on their beliefs and decisions.



Allows the patient to trust their healthcare practitioner without reservation.

# Benefits for practitioners

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- In situations where practitioners may run into ethical disagreements with patients/families/caregivers, or even other staff, practitioners can recommend a solution that places the patients' care first.
- Having guidelines to support one's decisions allows for one's conscience to remain clear, as ethics will help dictate what the best decision should be for the ideal outcome.
- By having an ethical framework that encompasses an entire facility, healthcare workers can feel assured that their co-workers are operating with the same intent as they are. This allows for easier communication between co-workers, fewer misunderstandings, and a greater sense of mutual trust in each other's decisions.
- Ethical guidelines help practitioners find the least obtrusive and most beneficial solution to a patient's issue available, reducing the chance of risky or unnecessary procedures and treatments.
- The idea of nonmaleficence extends to patients and colleagues in the healthcare field. Healthcare personnel can feel their workplace is safe, and administrators can work to mitigate and alleviate stress as much as possible.



- Ethics in health care is what guides the work of professionals in the healthcare industry.
- These considerations are an essential component of providing health care, as they help ensure practitioners treat their patients with dignity and respect and that the decisions made by healthcare professionals are fair and just.
- Additionally, ethics helps to promote trust and confidence in the healthcare system, as it ensures that healthcare professionals act in their patient's best interests.





# What happens when the legal system is at odds with medical ethics?

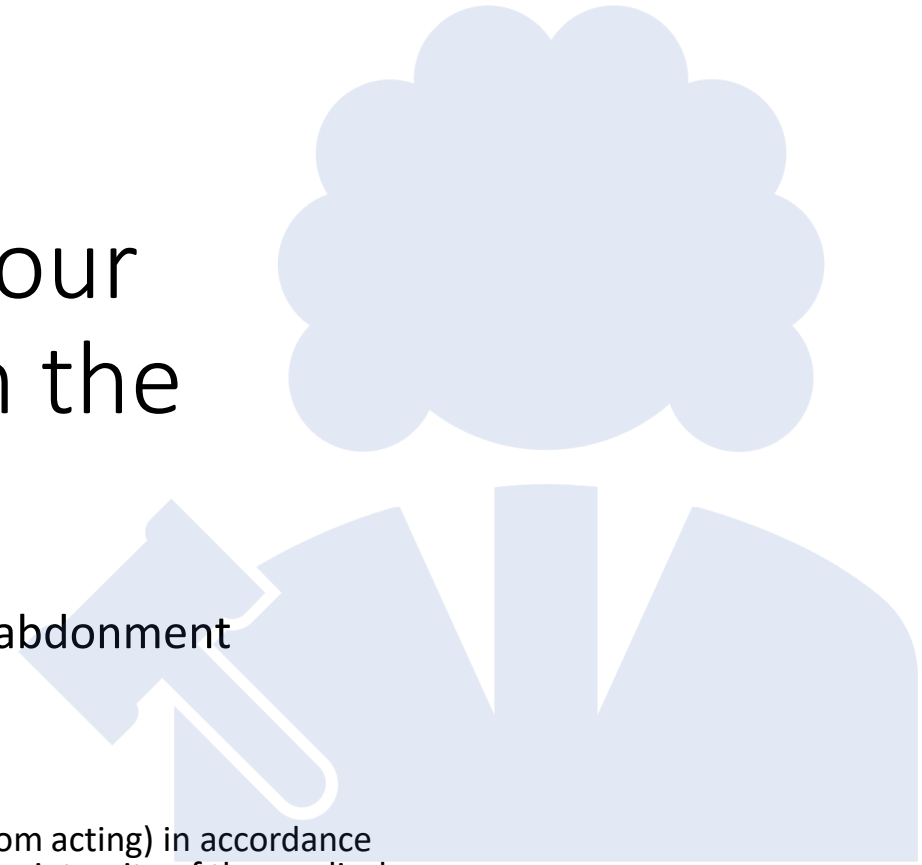
According to the AMA: A physician shall **respect the law** and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.





# What happens when our personal beliefs get in the way of patient care?

- We have a duty to our patients and duty for non-abandonment
- Recognize our own biases and moral limits
- AMA opinion:
  - “Preserving opportunity for physicians to act (or to refrain from acting) in accordance with the dictates of conscience is important for preserving the integrity of the medical profession as well as the integrity of the individual physician;
  - Physicians’ freedom to act according to conscience is not unlimited; They are expected to provide care in emergencies, honor patients’ informed decisions to refuse life-sustaining treatment, respect basic civil liberties and not discriminate against patients on the basis of arbitrary characteristics.”





Why is this important in  
medical education?



# Medical Education

Requirements that learners at *all levels* receive instruction addressing professional formation to prepare them for a lifelong commitment to professionalism in patient care, education, and research.

A physician's ability and willingness to act in accordance with accepted moral norms and values is one key component of professional behavior

- Educational objectives relating to ethics are now often incorporated into broader goals for professionalism education.

# Educational objectives

To provide trainees with conceptual tools for seeing, preventing, analyzing, and resolving the ethical dilemmas encountered in clinical medicine

**LCME:** specifies that students' behavior must be observed and assessed to ensure that it is in line with accepted ethical guidelines.

**ACGME:** 1:6 core competencies specifically focuses on professionalism, stating, "Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles." Residents are expected to show compassion and respect for others, put patients' needs above their own, respect patients' autonomy, act accountably, and demonstrate sensitivity to patients from diverse backgrounds.

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# How do we teach ethics?

By cultivating *behavior* that exemplifies ethical and professional virtues



# Proposed objectives for Medical Ethics Education

Romanell Report (2015)

*Upon completion of medical school or a residency training program, learners will, with an appropriate level of proficiency:*

- Demonstrate an understanding of the concept of the physician as fiduciary and the historical development of medicine as a profession
- Recognize ethical issues that may arise in the course of patient care
- Utilize relevant ethics statements from professional associations to guide clinical ethical judgment and decision making
- Think critically and systematically through ethical problems using bioethical principles and other tools of ethical analysis
- Provide a reasoned account of professionally responsible management of ethical problems and act in accordance with those judgments
- Articulate ethical reasoning to others coherently and respectfully

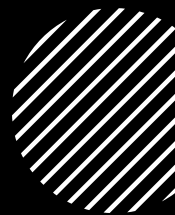
# Proposed objectives for Medical Ethics Education

*Upon completion of medical school or a residency training program, learners will, with an appropriate level of proficiency, manage ethical challenges in a professional manner in the following areas:*

- Protection of patient privacy and confidentiality
  - Disclosure of information to patients, including medical errors and the delivery of bad news
  - Assessment of patient decision-making capacity and issues related to surrogate decision making
  - Shared decision making, including informed consent and informed refusal of medical interventions by patients
  - Care at the end of life, including patient advance directives, withholding and withdrawing life-sustaining interventions, care for the dying, and determination of death
  - Maternal–fetal medicine, including reproductive technologies and termination of pregnancy
  - Pediatric and neonatal medicine
  - Access to health care, including health care disparities, the health care system, and the allocation of scarce resources
  - Cross-cultural communication, including cultural competency and humility
  - Role of the health care professional's personal values in the clinical encounter, including the extent and limits of the right of conscience
  - Conflicts of interest and of obligation in education, clinical practice, and research
  - Research with human subjects, including institutional review boards
  - Work within the medical team, including interprofessional interactions
  - Concerns about colleagues, including impairment, incompetence, and mistakes
  - Medical trainee issues, including disclosure of student status, the tension between education and best care for patients, the hidden curriculum, and moral distress
  - Self-awareness, including professional identity and self-care
  - Management of challenging patients/family members, including recognition of what the clinician may be contributing to the difficulty
  - Social media
  - Religion and spirituality
  - Acceptance of gifts from patients, including grateful patient philanthropy
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How then should we teach medical ethics and incorporate into curriculum?



We should be intentional in including medical ethics at all levels of training



There is no single best approach for teaching medical ethics and professionalism



Learning styles and learning levels vary



Teaching methods should be varied and flexible

# First step



- Recognize that ethical issues arise in every day practice of medicine despite specialty of practice or location of practice (hospital vs outpatient)

# Bedside teaching/case-based teaching



# Formal didactics



# Problem based learning





# Lessons learned



There is no “one size fits all”, tailor to trainee level



Be varied in your approach to education



Learners of all levels like real-life cases to discuss



Multi-layered approach is best



Take feedback seriously but be cautious to change your curriculum based on single point data

# References

- Carrese JA, Malek J, Watson K, et al.. The Essential Role of Medical Ethics Education in Achieving Professionalism. *Academic Medicine*. 2015; 90 (6): 744-752. doi: 10.1097/ACM.0000000000000715.
- AMA Code of ethics: <https://code-medical-ethics.ama-assn.org/principles>
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