



Discussing Ethics As We Teach Medical Students

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Objectives /Disclosures

- Review Ethics Education Standards in the US
- Identify Ethical Influences on medical students
- Describe the “good” doctor
- Review a method for review of ethics issues.

- I have no relevant conflicts of interest.





Thank you!



Decamp Report

- **Proposed Objectives of Medical Ethics Education**
- * The ability to identify the moral aspects of medical practice
- * The ability to obtain a valid consent or a valid refusal of treatment
- * Knowledge of how to proceed if a patient is only partially competent or incompetent to consent or to refuse treatment
- * Knowledge of how to proceed if a patient refuses treatment
- * The ability to decide when it is morally justified to withhold information from a patient
- * The ability to decide when it is morally justified to breach confidentiality
- * Knowledge of the moral aspects of the care of patients with a poor prognosis, including patients who are terminally ill
- * Additional areas considered for inclusion:
 - * Distribution of health care
 - * Abortion

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SPECIAL REPORT

ARCHIVE

Basic Curricular Goals in Medical Ethics

Charles M. Culver, M.D., Ph.D.K. Danner Clouser, Ph.D.Bernard Gert, Ph.D.Howard Brody, M.D., Ph.D.John Fletcher, Ph.D.Albert Jonsen, Ph.D.Loretta Kopelman, Ph.D.Joanne Lynn, M.D.Mark Siegler, M.D.Daniel Wikler, Ph.D.
N Engl J Med 1985; 312:253-256 | January 24, 1985 | DOI: 10.1056/NEJM198501243120430

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This article has no abstract; the first 100 words appear below.

Formal teaching of ethics in the medical school curriculum has increased greatly during the past 15 years. Yet, schools vary in how much attention they give the subject, and even those that do offer

ARTICLE ACTIVITY

69 articles have cited this article

Romanell Report

- 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:
- * 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

Article

The Essential Role of Medical Ethics Education in Achieving Professionalism: The Romanell Report

Joseph A. Carrese, MD, MPH, Janet Malek, PhD, Katie Watson, JD, Lisa Soleymani Lehmann, MD, PhD, Michael J. Green, MD, MS, Laurence B. McCullough, PhD, Gail Geller, ScD, MHS, Clarence H. Braddock III, MD, MPH, and David J. Doukas, MD

Abstract

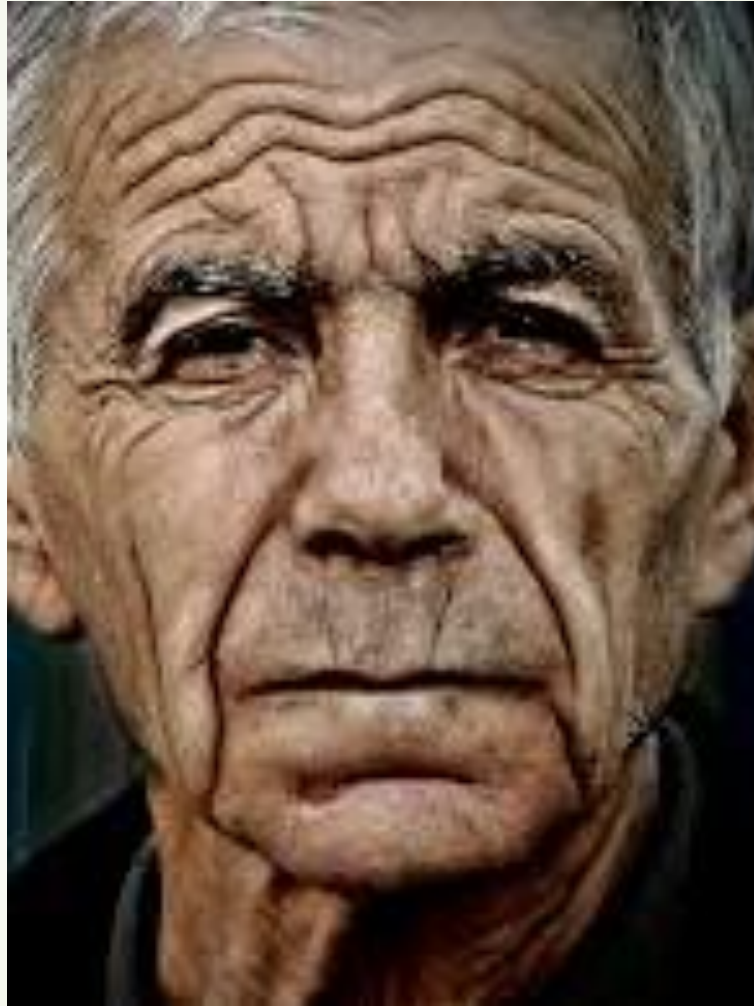
This article—the Romanell Report—offers an analysis of the current state of medical ethics education in the United States, focusing in particular on its essential role in cultivating professionalism among medical learners. Education in ethics has become an integral part of medical education and training over the past three decades and has received particular attention in

for Graduate Medical Education. Yet, despite the development of standards, milestones, and competencies related to professionalism, there is no consensus about the specific goals of medical ethics education, the essential knowledge and skills expected of learners, the best pedagogical methods and processes for implementation, and optimal strategies for assessment. Moreover,

appropriate, ultimately medical ethics education must address the overarching articulated expectations of the major accrediting organizations. With the aim of aiding medical ethics educators in meeting these expectations, the Romanell Report describes current practices in ethics education and offers guidance in several areas: educational goals and objectives, teaching

Ethics in Practice



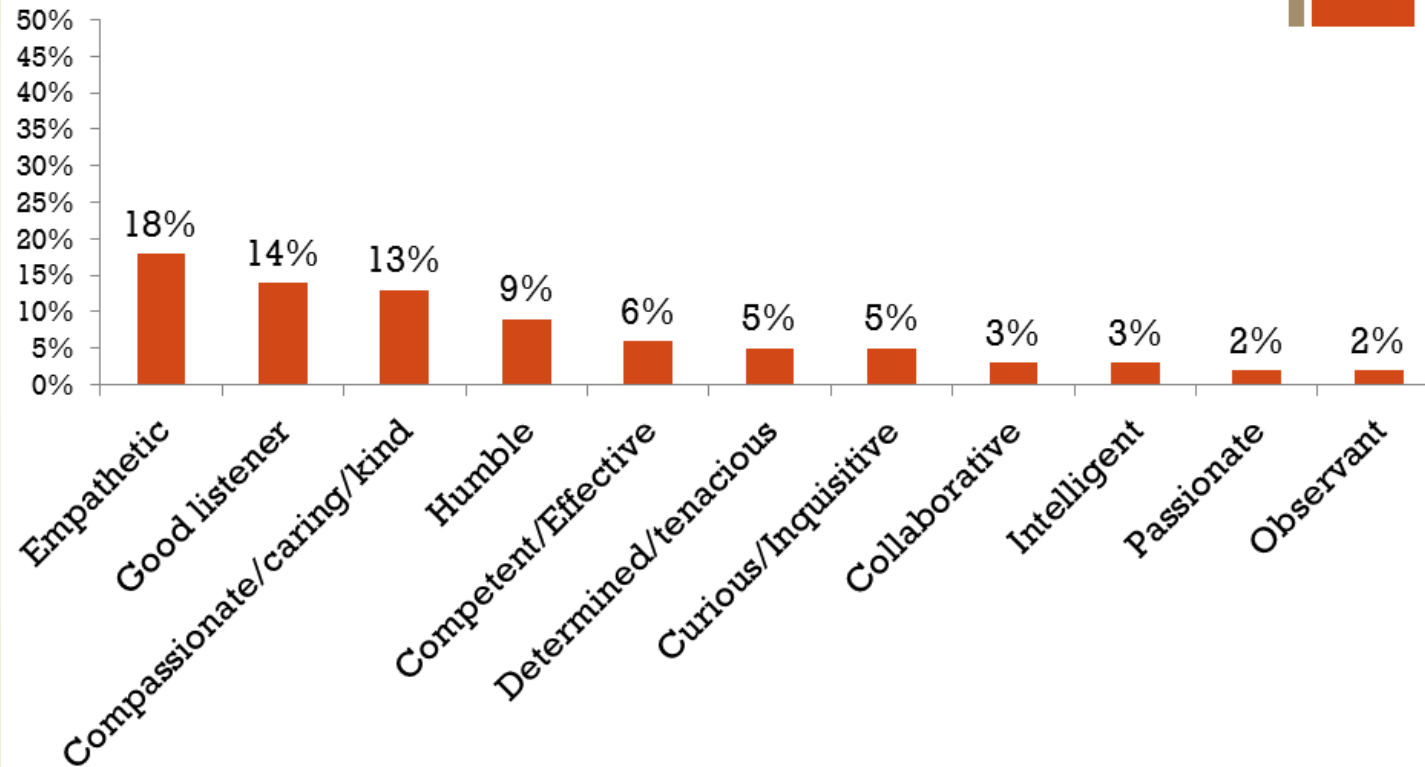


The Good Doctor

- Management of a diabetic patient
 - Good hemoglobin A1C control
 - Regular checking of cholesterol
 - Effective LDL control
 - Smoking cessation counseling
 - Use of an ACE Inhibitor or ARB in subsets of patients with diabetes.



+ Top 10

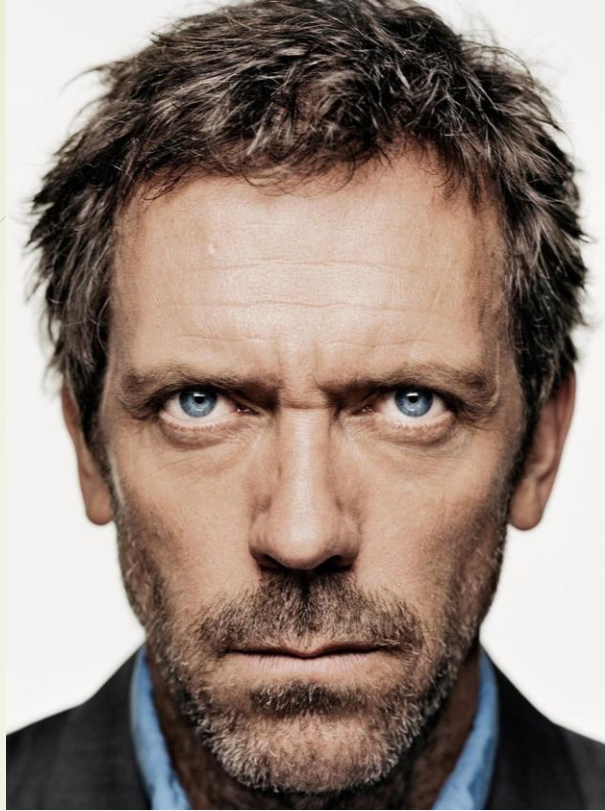


<https://blogs.sph.harvard.edu/ashish-jha/2014/03/20/what-makes-a-good-doctor-and-can-we-measure-it/>

Role Models

- ▶ What are the values you are passing on to the future generation of doctors?





Influence





South of the Boarder

- ▶ 109 students narratives about ethical issues

Dilemma	#
Learning Environment	76
Inadequate care	59
Abuse of patient	46
Resource misallocation	35
Error/ Dishonesty	27
Informed consent	24
Learning over healing	16
Abuse of student	16
Hard decisions	14
DNR orders	6
Boundary Issues	4
Company Sponsorship	2
Total	249

Table 4. Identification of Jameton's determinants of moral action in the essays (n=109)

<i>Jameton determinants of moral action</i> Identified in Students narratives	<i>Description</i>	Global <i>n (%)</i>	Male <i>n</i>	Female <i>n</i>
Moral Sensitivity	<i>Awareness that an ethical dilemma is present</i>	109 (100)	55	54
Moral Judgment	<i>Understanding of what ethical action should look like</i>	98 (90)	48	50
Moral Motivation	<i>Commitment to ethical action</i>	36 (33)	23	13
Moral Courage	<i>Ethical action in the face of repercussion or risk</i>	15 (14)	8	7

Note: When registering the highest level, the previous ones were automatically considered as achieved.

Initiating Ethics Discussions

- 2015 Study
- 114 Residents
 - 59—Medicine
 - 55—Surgery



- 75% of all residents felt that medicine did a better job than surgery in addressing ethical dilemmas
- 100% felt comfortable bring up issues with a couple of attending's
- 75% of junior residents would preferentially approach their senior resident
- Surgical residents were more likely than medicine to seek out senior resident than attending







Journal List > J Gen Intern Med > v.20(3); 2005 Mar > PMC1490072

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[J Gen Intern Med](#). 2005 Mar; 20(3): 306–311.

PMCID: PMC1490072

doi: [10.1111/j.1525-1497.2005.40204.x](https://doi.org/10.1111/j.1525-1497.2005.40204.x)

A Clinician's Approach to Clinical Ethical Reasoning

[Lauris C Kaldjian](#), MD, PhD,^{1,2} [Robert F Weir](#), PhD,^{2,3} and [Thomas P Duffy](#), MD⁴

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This article has been [cited by](#) other articles in PMC.

Abstract

Go to:

We offer a systematic strategy that situates *clinical ethical* reasoning within the paradigm of *clinical* reasoning. The trajectory of this strategy parallels clinical reasoning: a plain statement of the initial problem, careful gathering of data, a differential diagnostic assessment, and articulation and confirmation of a justified plan. This approach pays special attention to the goals of medical care, because so much depends on whether or not physician and patient share the same goals. This approach also addresses the heterogeneity of clinical problems that at first appear ethical and acknowledges the ethical pluralism that pervades clinical ethics.

Process	
State the Problem Plainly	Chief ethical compliant
Gather data	Medical Facts, Medical Goals, Patient Preferences and Context
Is it a real ethics problem?	What is conflict or uncertainty about values?
Determine the Best Course of Action and Support Your Position with Reference to One or More Sources of Ethical Value	
Confirm the Adequacy and Coherence of the Conclusion	Does the resolution fit with the facts or beliefs of the case?
Plan steps to prevent	Most ethics issues are systemic problems





Acceptance	Diversity
Accomplishment	Duty
Accountability	Efficiency
Adaptability	Empathy
Advocacy	Equality
Allegiance	Equity/Equitable
Altruism	Ethics
Appreciation	Excellence
Aspiration	Fairness
Authenticity	Faithfulness
Autonomy	Fidelity
Beneficence	Forgiveness
Benevolence	Fortitude
Camaraderie	Generosity
Caring	Genuine
Charity	Giving
Citizenship	Goodness
Clear thinking	Goodwill
Collaboration	Gratitude
Commitment	Helpfulness
Community	Honesty
Compassion	Honor
Competence	Hope
Composure	Humility
Concern	Ingenuity
Confidentiality	Initiative
Conscientiousness	Integrity
Consideration	Justice
Consistency	Kindness
Constancy	Legality
Cooperation	Liberty



“The world is a dangerous place, not because of those who do evil, but because of those who look on and do nothing.”

--Albert Einstein

Citations

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