

Medical Ethics

Medical Ethics education is vital to the formation of the Internist. Given the rapid progress of medical technology, the medical resident must acquire basic skills during training which will allow him/her to practice a form of medicine which always seeks to benefit the patient.

Although Medical Ethics is a “specialty” in, and of itself, it is a discipline that cannot be learned in isolation. Each and every rotation of the residency contributes to ethics education. This particular curriculum endeavors to provide basic knowledge, skills and attitudes that the resident may apply in all aspects of residency training and future practice.

I. GOAL

Residents will be introduced to the moral/ethical aspects of medical practice.

II. CONTENT

A. KNOWLEDGE

The resident will:

1. Know how to obtain informed consent
2. Know what to do if a patient refuses a recommended treatment
3. Know what to do about incompetent patients
4. Know when it is morally justified to withhold information
5. Know when breaching confidentiality is justified
6. Know how to manage patients with poor prognosis
7. Know how to manage medical resources wisely. See references 1 & 2 in bibliography
8. Know how to access literature addressing ethical issues
9. Appreciate the difference between an ethical issue and a legal issue
10. Know how to deal with impaired/incompetent colleagues

B. SKILLS

The resident will be able to effectively:

1. Obtain a “Values History”
2. Identify ethical issues
3. Conduct a relevant literature search
4. Communicate diagnosis, prognosis, recommended therapy
5. Assess capacity for medical decision making
6. Include ethical issues in the problem list

C. ATTITUDES

The resident will learn to:

1. Respect patient autonomy
2. Interact with peers to promote the well-being of the patient

III. TEACHING METHODS

A. HOW

1. Interactive discussion
2. Didactic sessions
3. Role modeling
4. Case consultation

B. WHERE/WHEN

1. Bioethics teaching rounds (Monthly rounds made with each ward team and a clinical ethicist addressing ethical dilemmas currently or recently faced by the team)
2. CORE
3. Ethics Committee monthly lecture
4. Work rounds
5. Attending rounds
6. Subspecialty rotations
7. Ambulatory clinic
8. M&M conferences and Tumor conference

C. RESOURCES

1. Clinical ethicist with significant protected time for medical ethics education
2. A program strongly committed to the inclusion of ethics education, including sincere endorsement and participation on the part of the Program Director and Chairman of the Department of Medicine
3. Core Syllabus of Ethics reading available to all residents including, but not limited to articles listed in bibliography
4. Medicine house staff from broadly diverse countries, values and religious and cultural backgrounds

IV. EVALUATION

A. EVALUATION OF RESIDENTS

1. Feedback from attending ethicist at end of ethics rounds
2. Monthly evaluation by ward, subspecialty, ambulatory attendings
3. Program Director/ethicist evaluation of CORE project
4. Quarterly House Staff Evaluation Committee meetings

B. EVALUATION OF PROGRAM

Feedback from patients, residents, attendings, nursing staff

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Competencies for Medical Ethics

Competency	Learn in a seminar or conference	Learn as part of a clinical rotation
Know how to inform patients and obtain voluntary consent for the general plan of medical care and specific diagnostic and therapeutic interventions	X	All
Know what to do when the patient refuses a recommended medical intervention in both emergency and non-emergency situations	X	In-patient rotations
Know what to do when the patient requests ineffective or harmful treatment	X	All
Be able to assess a patient's decision-making capacity	X	All
Know how to select the appropriate surrogate decision maker when the patient lacks decision-making capacity	X	All, especially NH & in patient
Understand the grounds on which surrogates should make decisions for patients who lack decision-making capacity	X	All
Know the principles that apply when the physician must decide for a patient when the patient lacks decision-making capacity and there is no appropriate surrogate decision maker	Communication Skills	All
Be adept at broaching the subject of a dying patient's eventual death and discussing with the patient the extent of medical interventions at the end of life (see advance directives, below)	X	Communication Skills
Know how to handle the following situations related to end-of-life care	X	All
Withholding or withdrawing life-sustaining treatment, including nutrition and hydration	X	All
Communicating "bad news" and listening for the patient's and family's concerns	X	All
Writing "do not resuscitate" orders	X	In patient
Requests for physician-assisted suicide or euthanasia	X	All
Know how to address requests to breach confidentiality	X	All
Know the principle of truth-telling and how to implement it in situations involving information disclosure and medical errors	X	All

Competencies for Medical Ethics

Competency	Learn in a seminar or conference	Learn as part of a clinical rotation
Understand the following ethical principles that underlie the fiduciary relationship with one's patients	Conference	
Balancing obligations to patients with one's self-interest	X	All
Balancing obligations to patients with societal interests (for example, bedside rationing and case management)	X	All
Know how to deal with the following forms of potential conflict of interest		
Induced demand (physicians' ability to create a demand for their service)	X	All
Accepting gratuities from manufacturers	X	
Know the physician's obligation when he or she suspects that another health care provider is abusing alcohol or drugs or is professionally incompetent	X	All
Know how to recognize and resolve ethical issues that arise in clinical research	X	

Illustrative Clinical Setting: Intensive care units, nursing homes, geriatrics units, oncology units, and anywhere that the values of the profession are discussed around realistic clinical situations. The Communications Skills Seminar is a place where these issues are discussed on a regular basis.